

APPLICATION FOR INTERNSHIP

School of Journalism and Electronic Media
333 Communications Bldg
Knoxville, TN 37996-0333
(865) 974-5155

Name: _____ ID Number: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

JEM courses taken or in progress: _____

Total number of hours completed: _____ Overall GPA: _____

Statement of career goals in Journalism & Electronic Media:

Explanation of why you would like an internship:

Where would you like to do your internship: _____

Semester & year of proposed internship: _____

APPROVED: _____ Date: _____
(Faculty Internship Coordinator)

Check with Faculty Internship Coordinator in one week to see if this form has been approved.