

Communication Studies Internship Application

Name _____ Student ID Number _____

Address _____ City _____ State _____ Zip _____

E-mail address: _____

Type of Internship sought: (Example, Journalism, Marketing, PR, TV, Radio...)

Are you currently an Intern? _____

Current level (Freshman, Sophomore, Junior, Senior) _____

Communication Studies Courses Completed		Current Coursework	
Course #	Title	Grade	Course # Title

Current GPA in Major _____

Are you a Transfer Student? _____ From which Institution? _____

Are you presently employed? _____ If Yes, how many hours per week? _____

Special Skills or Work Experience _____

What is your career objective? _____

Are you planning to go to Graduate School? _____

Why do you want an Internship? _____

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Initial Intern Agreement

Interns: Complete this form in discussion with your supervisor before you begin your internship or on your first day of work. **Return this form to the Internship Director immediately. You are not officially approved to participate in an internship until this form is returned to:**

Linda Kurz
UMKC Communication Studies Department
5100 Rockhill Road, 103C Manheim Hall
Kansas City, MO 64110-2499
p) 816-235-5846 * f) 816-235-5539

Intern's Name _____

Agency: _____ Supervisor _____

Phone #: _____ E-mail Address _____

This Agreement is effective from _____ 20__ to _____ 20__

Hours Per Week: _____ Paid Internship _____ Unpaid Internship: _____

Interns: Please briefly outline your primary goals for your internship, skills you hope to gain, experience you hope to acquire etc. _____

Supervisors: Please provide a brief job description for this intern _____

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All parties understand that the Agency, UMKC, or Student may decide to terminate involvement with the particular Practicum or Internship experience at any time, but with timely notices to the other participating parties.

Signatures:

Agency Supervisor:

Name: _____ Title: _____

Company/Agency: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____

X _____ E-Mail: _____

Signature of Supervisor



Internship Coordinator:

Name: Linda Kurz Title: Internship Coordinator

Company/Agency: University of Missouri-Kansas City

Address: 5100 Rockhill Road, 202 Haag City Kansas City State MO Zip 64110

Phone: 816-235-5846 Fax: 816-235-5539

X _____

Signature of Coordinator



Agreement: I have read the Policy Statement, completed the application and I understand my role and responsibilities as they pertain to participating in the UMKC Internship Program through the Communication Studies Department

Student:

Name: _____ Stu. ID Number _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ E-mail:*

*You must utilize your UMKC Exchange e-mail account for Internship related correspondence.

X _____

Signature of Student

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Middle of Internship Progress Report – Due at Mid-Term

Today's Date: _____

Name of Intern: _____

Name of Employer: _____

Name of Supervisor: _____

Projects I am working on:

Specific Activities I have performed:

How these activities are helping me reach my internship goals:

Skills I am working on:

Things on which I have improved:

Things I would like an opportunity to do:

Comments:

Interns Initials

Supervisor's Initials

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End of Internship Progress Report – Due at End of Semester

Today's Date: _____

Name of Intern: _____

Name of Employer: _____

Name of Supervisor: _____

Projects Completed:

What I have learned, Experience I have gained:

What is your perspective toward a career in your internship area?

Assess your current progress on achieving your goals:

In what ways has your supervisor contributed to your learning goals?

Things I would have changed:

Comments:

Interns Initials

Supervisor's Initials

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