



INTERNSHIP INFORMATION FORM FOR GENDER AND MEDIA CAPSTONE COURSE
RECORD OF INTERNSHIP PLACEMENT

SEMESTER: _____ YEAR OF GRADUATION _____

NAME _____

SCHOOL ADDRESS: _____

E-MAIL ADDRESS _____

CELL PHONE _____

HOME ADDRESS: _____

MAJOR(S) AND OTHER MINOR(S): _____

GENERAL CAREER GOALS: _____

PREVIOUS EXPERIENCE: _____

PLACEMENT INFORMATION

SITE NAME: _____

ADDRESS: _____

SITE PHONE NUMBER: _____ SITE URL: _____

PRINCIPAL FIELD SUPERVISOR AND TITLE: _____

FIELD SUPERVISOR EMAIL: _____

PAID INTERNSHIP: YES OR NO _____

PLEASE RETURN THIS FORM TO:

(For SCI Students)

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