Virginia Tech Department of Communication **Student Internship Approval Form**

Date submitted

STUDENT INFORMATION:

Name of Student	ID#	Email Address
Local Address (include city, state & zip)		Phone #
ORGANIZATION INFORMATION:		
Name of Organization where you will be intern	ing	
Supervisor's Name and email address		
Work Address (include city, state & zip, if othe	r than Blacksburg)	Phone #
INTERNSHIP INFORMATION:		
Proposed internship title:		
Dates of Internship:	to	
Hours worked each week		
<i>I will receive [please circle] 1 2 3 credi</i> (<i>This number is determined by the hours worked</i> –	0	Spring Summer I 20 ok)
COURSE INFORMATION:		
My COMM Option is: PR CMST	MJ	
Hours completed overall (at the beginning of your	• internship): H	Iours In Comm

List <u>all</u> COMM classes you have taken, or are now taking, beginning with the courses that directly relate to your internship. For courses you are now taking, write in the term & year under "grade received."

Course #	Course Name		Grade Received
Stud	dent's Signature	Academic A	dvisor's or Ms. Higgs's Signature
Information V	Varification (for affice)		
Information v	ernication [lor office u		
Overall hours	completed:	COMM ho	purs completed:
Overall OCA:		Comm OC2	1:
~		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
The student is:	eligible	not eligible	to participate in an internship
y noi ciigioie,	why?		
1			
signed Comm	unication Internship Ass	istant	Date