

Virginia Tech Department of Communication
Student Internship Approval Form

Date submitted

STUDENT INFORMATION:

Name of Student	ID#	Email Address
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Local Address (include city, state & zip)	Phone #
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ORGANIZATION INFORMATION:

Name of Organization where you will be interning

Supervisor's Name and email address

Work Address (include city, state & zip, if other than Blacksburg)	Phone #
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INTERNSHIP INFORMATION:

Proposed internship title:

Dates of Internship: _____ to _____

Hours worked each week _____

I will receive [please circle] 1 2 3 credit hours during: Fall Spring Summer I 20__
(This number is determined by the hours worked – see Internship Handbook)

COURSE INFORMATION:

My COMM Option is: PR CMST MJ

Hours completed overall (at the beginning of your internship): _____ *Hours In Comm* _____

