The Intern Office of Communication Studies is currently working with over two hundred agencies that are cooperating in our internship program by providing nearly three hundred different openings. We encourage you to look over those lists carefully, and to select from those opportunities, all of which we believe provide good learning experiences.

However, we realize that for a variety of reasons you may wish, or will have the opportunity, to create your own internship with agencies that are not on the Department’s list. In such a situation an internship must meet these criteria:

1. The internship cannot be a simultaneous activity with a paid job. In other words, you cannot turn a paying job into an internship; on-going internships may include some level of payment or stipend for students. Internships must provide a learning experience that is significantly different from that of other employers.

2. The time spent and activities proposed must be organized to provide a structured learning experience and that experience must be largely and directly related to the practice of human or mediated communication. Goals and objectives should be established for the students learning and for new experiences provided throughout the term, as the student shows understanding and mastery of previous activities.

3. We expect that interns will be supervised by supervisors who are professionals, or at least have considerable experience in the subjects in which the intern will be learning and working. Although interns may be expected to have had course work in the area, and perhaps, some previous experience, they are not expected to be experts. It is not appropriated for an agency to expect an intern to provide a professional service.

(If the student already has appropriate professional skills, and an agency needs those skills, the agency should hire the individual and not use the position as an internship. Or, under some circumstances, the student, agency and a faculty member who is knowledgeable in the area might work out a plan for an individualized study project under course number ComS 199 - Special Problems.)
4. The agency supervisor must be available regularly, provide appropriate level and amount of direction and supply feedback to the intern on a scheduled basis. The level and amount of direction may vary. Some situations require frequent contact and detailed directions; others may require only that the student's work be checked and evaluated when completed. But the intern should not be left to find his or her own work, to create his or her own schedule, or to evaluate the results of his or her activity.

1. Student Name: ____________________________________________________________

Student Phone: ___________ Email: ___________________________________________

Student major & concentration: ________________________________________________

Student CSUS number: ____________________________

Total # 195 Units for this Semester (Registration defaults at 1 unit, make sure this matches the amount of units you intend to take): ______

Total # 195 Units for Previous Semesters: _____

Total # Semester Units: ______ Semester Enrolled (Example: Spring 13’): ____________

Please list below the courses you have completed or are currently taking that are relevant to the internship based on your major/concentration.  
(MUST attach copy of your grades for application to be approved)

<table>
<thead>
<tr>
<th>Concentration/Major</th>
<th>Prerequisites</th>
<th>Class(es)/Semester Taken</th>
<th>Instructor</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>ComS Studies</td>
<td>ComS 100A or 12 units of upper division</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Journalism</td>
<td>JOUR 130 A &amp; B</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Digital Video &amp; Film</td>
<td>ComS 27A &amp; B &amp; ComS 128</td>
<td></td>
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<tr>
<td>New Media</td>
<td>ComS 106</td>
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<tr>
<td>Public Relations</td>
<td>JOUR 30 &amp; ComS 123</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The rest of this form must be completed by the person at the agency who will be supervising the intern’s activity.
**Please note:** If the agency wishes to set up an opportunity which can be continued in future semesters by other students, please have the agency email us at comsintern@csus.edu

Organization Name: _________________________________________________________

Organization Street Address: ________________________________________________

City/State/Zip ________________________________________________________________________

Intern Supervisor: __________________________________________________________________

Supervisor Title: ____________________________________________________________________

Supervisor Phone: __________________ Email: ____________________________________________

Location of Internship:
________________________________________________________________________________

2. Please describe in detail the activities, duties, and/or responsibilities for the intern position:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

3. What background -- types of academic courses, operational skills, other experiences -- should the student have had in order to be able to function within your organization and get the most learning from the internship experience?

   Necessary: ______________________________________________________________________

   Desirable: ______________________________________________________________________

4. How many hours and weeks will the position require? __________       __________ Hours per week Number of weeks

   If the internship does not follow an hours-per-week pattern, how many total hours are required and what dates are to be worked? (Approximately) *(Do not leave #4 blank)*

________________________________________________________________________________

5. Is the intern paid -- yes / no   If yes, at what wage? ____________________________
Will the intern have expenses associated with the internship (such as the cost of driving a car on organization business) and will the expenses be reimbursed?


6. Internship Supervisor Information --

Please briefly describe the qualifications and skills of the internship supervisor as those skills pertain to the internship experience: (For example, degrees held, positions held in communication organizations, etc.)


7. Supervisors are expected to spend some time working with interns; but the amount and type of supervision will vary. Which of the following descriptions best describes the pattern of supervision?

a. Work side-by-side with the intern -- yes / no.
b. Meet with the intern frequently to answer questions and check progress -- yes / no.
c. Assign intern a project; check progress occasionally; available for questions -- yes / no.
d. Other (please explain):

d. Other (please explain):

8. Does this student currently work at your agency -- yes / no?
   If yes, in what capacity is the student now employed and how will this internship opportunity differ?
Thank you for your interest in our program! Please keep us informed of any changes that occur which would affect the outcome of this internship. We can be reached at (916) 278-5316 or (916) 278-7895.

Signature of Contact or Supervisor ____________________________________________
Date _______________________

Complete and return this application to the Main Office (MND 5014). If you have additional questions or concerns regarding the Internship process, please see the Internship Coordinator or Assistant listed below.

Communication Studies Internship Coordinator

Dr. Robert Humphrey
(916) 278-7895
humphreyre@csus.edu

Internship Assistant
(916) 278-5316
comsintern@csus.edu

Communication Studies Department Office
(916) 278-6688
Fax: (916) 278-7216

California State University, Sacramento
Communication Studies Department
6000 J Street Sacramento, CA 95819-6070
Approved - yes / no? _______  ______________
Initials               Date

If not, why:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Student contacted about decision  ______________    ______
Date                      Initials