

COMMUNICATING ARTS (475/775)
INTERNSHIP APPLICATION INSTRUCTIONS
DEPARTMENT OF COMMUNICATING ARTS
UNIVERSITY OF WISCONSIN-SUPERIOR
160-2300-53 (Rev. 3/27/08)

INTRODUCTION

An internship is an opportunity to earn credit while working part-time or full-time within a chosen communication-related organization or business. **You may not earn credit for a regular job that you already hold or are about to start.** It is important to note that every business and agency handles internships differently. Some of them may involve a stipend or housing, or even a regular salary. Others may not provide you anything above and beyond the actual work experience. The Department does not guarantee any monetary or housing allowance with any internship experiences. In order to participate in an internship experience, it is required that an Affiliation Agreement (partnership between the University of Wisconsin-Superior and participating agency) be signed (or in progress) and on file with this university. All internship paperwork must be on file in the Communicating Arts Office **30 days PRIOR to beginning your internship.** **NO INTERNSHIP MAY BEGIN WITHOUT PAPERWORK BEING ON FILE IN THE COMMUNICATING ARTS OFFICE (HFAC 2100).**

ELIGIBILITY

You must be at least a senior, with a Communicating Arts major or minor to be eligible for credits under the internship class designation. You must also have a minimum overall GPA of 2.5. You may sign up for no more than 12 credits for your internship. **40 hours of work equals 1 semester credit.**

PROCEDURE

It is the responsibility of the student to initiate the search for an internship position. The faculty member of your area MAY have information regarding available internships. Once you have chosen a particular internship opportunity and have any and all necessary papers, including an Affiliation Agreement from that particular business or agency, you must set up an appointment with the faculty member of the area you are to intern in (see the Communicating Arts Student Handbook for the listing of the faculty members and their area(s)). The Communicating Arts Internship Application form should be initiated at this time. Many agencies and businesses will require you to fill out their own application forms and/or appear for an interview before they agree to accept you. In addition, you must have the departmental Internship Application form #16-2300-54 completed and signed. You cannot register for an internship without first submitting a completed signed Internship Contract to the Office of Communicating Arts (HFAC 2100).
***** All Summer Internships are to be handled with the Department Chair of Communicating Arts.**

INTERNSHIP EVALUATION

In addition to the Supervisor's evaluation form #16-2300-55 of the student's experience, the **STUDENT MUST SUBMIT A TYPED FINAL REPORT.** The report is submitted to the faculty advisor of your Internship **and a copy to the Office of Communicating Arts**, prior to the last day of classes of the semester (**BEFORE FINALS BEGIN**) for which the credit is being awarded. The paper **MUST** be TYPED, STAPLED (no portfolios or binders are necessary), should be a **minimum of 4 PAGES**, and cover the following:

- A. Specific location of internship and personnel involved (where you worked, what you did in general, and whom you worked with).
- B. Specific duties of internship (a listing of specific activities and hours spent doing each).
- C. Knowledge and/or skills acquired in internship (what did you learn that you didn't know before, what new equipment did you learn to operate, etc.).
- D. Advantages/Disadvantages of this internship (what were the interesting or challenging experiences or relationships, what difficulties or mistakes occurred and how did you handle them, what advice would you give to another Communicating Arts student who may be planning on the same internship experience).

*****If the student's typed report and/or the Supervisor's Evaluation is not turned in, a grade of 'F' will be recorded.*****

INTERNSHIP APPLICATION FORM

COMM 475/775

16-230-54 (Rev. 3/27/08)

NAME: _____ SID # _____

LOCAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ OVERALL GPA: _____

MAJOR/MINOR: _____ EMPHASIS: _____

ACADEMIC ADVISOR: _____

ORGANIZATION/BUSINESS (with whom internship will be done): _____

ORGANIZATION ADDRESS: _____

NAME OF DIRECT SUPERVISOR: _____

SUPERVISOR'S TITLE: _____ PHONE: _____

Begin date of Internship: _____ End date of Internship: _____

Note: End date must not exceed last day of classes of the semester in which the credit is awarded.

475 775 (circle one), section: _____, for _____ credits (12 maximum; 40 hours=1 credit)

ATTACH A SHEET TO DESCRIBE IN DETAIL THE DUTIES/RESPONSIBILITIES OF THE INTERNSHIP (include how many hours per week you will be working, # of weeks, rate of pay and stipend if applicable.)

CONTRACT APPROVAL:

To the Student: By signing this contract, you are agreeing to perform all the duties required of an intern in your internship placement and to turn in a final report to your internship advisor. **A minimum of four pages, typed final report is due no later than the last day of classes in the semester in which the credit is being awarded.**

STUDENT'S SIGNATURE: _____ DATE: _____

To the On-site Supervisor: By signing this contract, you are agreeing to supply the student with guidance and supervision required for the work outlined above. It is necessary that you submit a final evaluation obtained from the student, at the end of the internship. This evaluation will be shared with the student. The evaluation must be returned to the internship advisor no later than the last day of classes in the semester, which the student has enrolled for credits. The last day of classes for this semester is: _____. A grade will **NOT** be awarded to the student until this evaluation has been submitted.

SUPERVISOR'S SIGNATURE: _____ DATE: _____

To the Internship Advisor: It is the responsibility of the student to return this completed contract to the office of the Internship Advisor in the Department of Communicating Arts and the Comm Arts Dept. Chair for signatures and then obtain a permission number to register for this course from the Comm Arts Office. ***Summer internships ONLY are to be returned to the Department Chair of Communicating Arts for signature.

INTERNSHIP ADVISOR'S SIGNATURE: _____ DATE: _____

CA DEPT. CHAIR'S SIGNATURE: _____ DATE: _____

OFFICE USE ONLY:

SUPERVISOR EVAL RECVD: _____ (Date) FINAL REPORT RECVD: _____ (Date)

GRADE RECORDED: _____

PERMISSION # _____ (to be obtained from Comm Arts Office HFAC 2100)

Is this a Capstone Experience? _____ PERMISSION # _____

UNIVERSITY OF WISCONSIN – SUPERIOR
DEPARTMENT OF COMMUNICATING ARTS
INTERNSHIP EVALUATION FORM
16-2300-55 (Rev. 3/27/08)

To the Supervisor: Please complete this form describing and evaluating the Intern's performance on the job. Please feel free to use the backside of pages for additional comments.

INTERN'S NAME: _____

NAME OF ORGANIZATION: _____

NAME OF SUPERVISOR: _____

TITLE OF SUPERVISOR: _____

DATE OF EVALUATION: _____

SIGNATURE OF SUPERVISOR: _____

1. Job knowledge (understanding of job requirements & knowledge of materials, methods, & procedures):

Poor 1 2 3 4 5 Excellent
Comments:

2. Ability to work with deadlines:

Poor 1 2 3 4 5 Excellent
Comments:

3. Accepts, Uses criticism:

Poor 1 2 3 4 5 Excellent
Comments:

4. Ability to work well with others:

Poor 1 2 3 4 5 Excellent
Comments:

5. Ability to plan and organize; set priorities:

Poor 1 2 3 4 5 Excellent

Comments:

6. Dependability:

Poor 1 2 3 4 5 Excellent

Comments:

7. Initiative:

Poor 1 2 3 4 5 Excellent

Comments:

8. Quantity of work (output of satisfactory work for position)

Poor 1 2 3 4 5 Excellent

Comments:

9. Quality of work (accuracy, thoroughness, neatness):

Poor 1 2 3 4 5 Excellent

Comments

Circle the below recommendation:

Do you recommend the Student: **PASS** **NOT PASS**

**Please return this completed form to: University of Wisconsin-Superior, Dept. of
Communicating Arts – Internship Evaluation, P.O. Box 2000, Superior, WI 54880-4500**