

COM 498
Internship in Communication Studies
Internship Interview Form

Intern Name: _____ Internship Hours: 3 6

Agency: _____ Phone: _____

Agency Supervisor's Name: _____ Email: _____

Internship Hours (ex. MWF 10-2) _____

If you will not be working with Agency Supervisor on a daily basis please provide the following:

Agency Mentor's Name: _____ Email: _____

Phone: _____

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Your Goals/Expectations for Internship:

Agency Supervisor's Goals/Expectations of You:

Computer skills/business skills required:

Intern Signature: _____ Date: _____

Agency Supervisor's Signature: _____ Date: _____