

Texas Southern University
School of Communication
3100 Cleburne Street, Houston, TX 77004 • Phone: (713) 313-7071

INTERNSHIP APPLICATION

(Please print)

Date of application: _____ Student ID: _____

Applicant's name: _____
Last name First name M

Phone: _____ E-mail: _____

Local address: _____
Street

City: _____ State: _____ Zip: _____

Permanent address: _____
Street

City: _____ State: _____ Zip: _____

Current employer: _____ Position: _____

Supervisor name: _____ Phone: _____

Are you a transfer student? Yes No

Other college attended: _____

In case of emergency call: _____
Last name First name M

Relationship: _____ Phone: _____ Insurance? Yes No

Internship forecast (When and where you would prefer to be placed):

Semester _____ Year _____ Site _____

Type of Internship desired:(if known) _____

Classification: Junior Senior Advisor _____

Number of TSU Communication departmental hours completed _____

Hrs. needed for graduation: _____ Expected graduation date: _____

Overall G.P.A. (2.3 min. required) _____ Major G.P.A. (2.5 min. required) _____

Have you ever served as an Intern? Yes No Where _____

Communication Degree Program (check one):

Journalism:

- Print
- Broadcast
- Advertising/PR

Speech Communications:

- Organization
- Intercultural/Interpersonal

Telecommunications:

- Radio/TV/Film
- Entertainment/ Recording

List communication courses applicable to the internship request:

Course/Title	Grade	Semester	Professor	Institution
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List courses you have scheduled to enroll in during your internship semester:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any additional goals (personal or professional) you would like to accomplish during this internship:

Have you ever served as an Intern? Yes No Company _____

Address: _____
Street

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____

What will be your responsibilities? _____

THIS INTERNSHIP MUST BE APPROVED.