TEL T497 Internship Contract

PLEASE TYPE OR PRINT CLEARLY

_____

First Name Middle Last

_____ COLL G.P.A._____ MAJOR G.P.A. _____ DOB: _____

IU E-mail Class Standing: JR _____ SR _____

_____

Bloomington Address (include ZIP)

_____

Home Address (include ZIP)

_____

Courses completed in TEL major

TO BE COMPLETED BEFORE INTERNSHIP

_____

NAME OF INDUSTRY SPONSORING ORGANIZATION (station, agency, cable co., etc)

_____

COMPLETE ADDRESS OF SPONSOR (include ZIP)

Mr./Ms. (circle one) _____

Name of Supervisor (or person to whom TEL letter should be sent)

_____

Complete Title of Supervisor Phone Fax E-mail

Dates of Internship: _____ _____ _____ _____

Start End Number of Hours per Week Paid or Unpaid

CREDIT INFORMATION

Semester you are seeking credit: ____Fall ____Spring ____Summer I ____Summer II Year: _____

Deadlines to apply for credit → Summer: June 1; Fall: Oct. 1; Spring: February 1

Number of credit hours you are seeking (1-3): _____

(50-99 total work hours = 1 cr hr; 100-149 total work hours = 2 cr hrs; 150 + total works hours = 3 cr hrs)

STATEMENT: I am qualified for the T497 academic credit for my internship according to the requirements listed on the pages that accompany this form. I have read and understand all the information on the explanation sheet that accompanies this form. I am also giving permission for the Department of Telecommunications to state that I am in good academic standing.

_____ _____

Student's Signature Date

☐ I give my permission to share my name and/or critical analysis paper with other students who may be considering this internship.

Return contract to: Internship Coordinator / Department of Telecommunications / TV 240 / FAX: (812) 855-7955