First Things First: Are You Qualified for the Internship Program?

To qualify for an Internship in Communication (MMC 4975 Internship Senior Project) you must meet the following criteria or you will NOT be approved.

1. Be a senior communication major (must have completed at least 90 credit hours) at the time of the internship.

2. Have completed: MMC 1004 (Media Literacy)  
   MMC 3105 (Advanced Writing for the Media)  
   MMC 3200 (Law & Ethics of Communication)  
   MMC 3614 (Media Theories and Effects)  
   MMC 3942 (Pre-Internship)  
   MMC 4420 (Mass Communications Research or Advertising & PR Research)  
   and at least three upper division courses (3000-4000 level) in your chosen concentration – check with your advisor or Program of Study for the course listing.

3. Be in good academic standing with UNF and possess a major GPA of 2.0 or higher. NOTE: if your GPA is 2.0 or higher at the time the internship is approved but drops below 2.0 before you begin, your enrollment in MMC 4975 will be cancelled.)

Important Information for You to Know

- You cannot register for internship (MMC 4975) online with the rest of your courses until you have turned in this completed packet and are approved by the internship coordinator. Then an official email will be sent to your UNF email account giving you permission to register.

- Internship locations will evaluate you just as they evaluate regular employees. This means that poor performance on your part can lead to your dismissal. If that happens you will receive a grade of “F.”

- Students may not intern at their place of employment unless their internship duties will provide learning experiences that differ from and go beyond those of the regular job responsibilities.

- Pre-Approved Internship sites and application deadlines can be found at: http://comminternships.wordpress.com

Questions about the internship contact:

Professor Bobbi Doggett  
Internship Coordinator  
(904) 620-3866  
rdoggett@unf.edu
Company Name: ______________________
Student Name:_______________________
Student N Number:____________________

Application A
For Approved Internship Sites with Approved Supervisors

Fill out this packet in its entirety, as instructed and include a Letter of Intent from your Internship Site Supervisor. (Your site supervisor must be listed as an approved supervisor.) Return this packet by mail, fax, email or in person:

<table>
<thead>
<tr>
<th>In Person:</th>
<th>School of Communication</th>
<th>Mail to:</th>
<th>University of North Florida School of Communication Internship Program</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Front Desk</td>
<td></td>
<td>Building 14D / Room 2002</td>
</tr>
<tr>
<td></td>
<td>Building 14D</td>
<td></td>
<td>1 UNF Drive</td>
</tr>
<tr>
<td>Fax:</td>
<td>904-620-2652</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:Commstu1@unf.edu">Commstu1@unf.edu</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Due dates for approved internship sites are: April 1, August 1 and December 1. If the deadline falls on a weekend, the following Monday will be the due date.

For more information, please email us at the address above or call us at 904-620-2651.

Please place a check by each item below to verify the following attachments:

_____ 1. I have included a copy of my Internal Transcript (Log into myWings, go to student records, click academic records, academic transcript, submit all levels internal, print.)

_____ 2. I have included a Letter of Intent from the internship site supervisor on company letterhead with supervisor’s original signature. (The letter must include offer of internship and a bulleted, detailed job description of internship duties.)

_____ 3. If the supervisor is NOT the supervisor of record with the School of Communication, I have included the new supervisor’s resume, bio, or LinkedIn profile URL.

_____ 4. I have signed the forms: Acknowledgment of Responsibilities to Internship Facility and the General Release for Emergency Medical Treatment and Student-Provided Transportation (Found on the pages 5 and 6 of this document.)

_____ 5. I have read and completed this entire packet.

For official Office Use Only

______________________________________  ____________________________
Signature of UNF Internship Coordinator  Date
Internship Requirements  (Student must initial and sign)

As a prospective student intern from the UNF School of Communication, I understand in order to effectively complete MMC 4975 Internship Senior Project, I must adhere to the responsibilities listed below:

Please initial:

_____ I understand that I must complete a minimum of 210 hours of supervised work at an approved internship site. This is the minimum. I may work more if I so choose. Summer internships take place over fewer weeks than fall/spring internships, so I must be sure to plan a weekly schedule accordingly.

_____ I understand that I cannot complete my internship at a site in which I am currently an employee, unless I discuss my situation with the UNF internship coordinator, Professor Doggett, first. These types of internships are usually not granted unless there are special circumstances and the criteria for the internship guidelines can be met. If the student does not give full disclosure regarding their employment at the internship site, it can result in failure of the course.

_____ I understand that my supervisor will complete two job-performance evaluations on me during the term and that these will be submitted online. These evaluations are part of my overall grade in this class. It is my responsibility to ensure that my supervisor has a face-to-face meeting with me to discuss these evaluations and submits them by the deadlines.

_____ If my current intern supervisor changes during the semester, I immediately must notify the School of Communication and obtain a new resume and/or LinkedIn Profile URL of my new supervisor. This information will be placed in my internship file.

_____ I understand I must complete online Weekly Progress Reports for a grade through the class Canvas page. I must retain copies of these reports and submit them to my supervisor during our mid-term and final evaluation meetings.

_____ I understand that I am required to create a professional website for a grade (using a program such as WordPress) in which I will highlight my professional work completed during my internship.

_____ I also will be responsible for submitting to Canvas a résumé and thank you letter to my site supervisor for a grade.

_____ I understand that all official correspondence will be done either through our class Canvas account or through Commstu1@unf.edu. It is my responsibility to check my UNF email account regularly.

_____ I understand that my internship site may require that I have a drug test, background screen or proof of professional liability insurance at my expense.

_____ I understand my MMC 4975 grade will be based on my work performance as evaluated by my internship supervisor, my faculty coordinator and my adherence to the UNF Internship requirements (e.g., late, incorrectly completed, or missing materials will lower your grade).

I certify that I have reviewed the requirements above, am aware of and understand all internship requirements, and agree to comply with them.

My internship is: ___ Paid  ___ Unpaid

I am currently employed by this internship site. _____ Yes  _____ No

Print Student Name: ____________________________  N Number __________________

Student Signature: ____________________________ Date: _______________________

(Electronic signatures cannot be used. Original signature required.)
Student Information
Please Print Clearly

Student Name____________________________________________________________
Address_________________________________________________________________
City________________________________ State__________ Zip_______________
UNF E-mail __________________________ Student N Number _______________________
Personal E-mail (e.g. Gmail, Yahoo …) _________________________________
Local Phone________________________ Cell Phone ___________________________
Semester you are applying for________________________________________
Expected date of graduation_______________ GPA for Total Institution _______
Concentration/Track:
____Advertising   ____Multimedia Journalism   ____ Production   ____Public Relations

Internship Site Information
Please Print Clearly

Company Name___________________________________________________________
Supervisor Name _______________________________________________________
Supervisor Title_________________________________________________________
Company Address_________________________________________________________
City __________________________ State _______________ Zip___________
Supervisor Phone________________________ Supervisor Email _________________________
Expected Internship Start Date_______________
Tentative Work Schedule _________________________________________________

This student is ________ or is not ________ currently employed by this company.

Student Signature______________________________________ Date ______________________
(Electronic signatures cannot be used. Original signature required.)

Supervisor Signature______________________________________ Date ______________________
(Electronic signatures cannot be used. Original signature required.)
ACKNOWLEDGMENT OF RESPONSIBILITIES TO INTERNSHIP FACILITY
(to be signed by the intern)

As a student being enrolled in MMC 4975 Internship Senior Project class, I acknowledge that the University of North Florida is a party to an Agreement with ____________________________ (internship site), the organization at which I will intern. The Agreement imposes certain obligations on me, which I agree to perform. They include:

1. compliance with all organization’s rules;

2. remaining in good standing at the University;

3. maintaining accurate, daily log sheet of all hours worked at the organization;

4. maintaining any and organizational records, including client/customer records to which I have access, in strict confidence.

I acknowledge that while I am on-site at the organization:

a) I am not an organization’s employee, and I am not covered by the organization’s health insurance.

b) The organization remains responsible for all client/customer care and control.

c) I am not permitted to transport the organization’s clients/customers in my personal vehicle, and I am not permitted to use the organization’s vehicle to do so unless on organizational business and accompanied by an organizational employee.

d) I am not permitted to visit the residence of a client/customer unless on organizational business and accompanied by an organizational employee.

e) I am responsible for familiarizing myself with the organization’s rules and regulations.

f) The University or the organization may terminate my internship if my performance is unsatisfactory or my activities are detrimental to the organization.

________________________________________________________________________
Student Signature
(Electronic signatures cannot be used. Original signature required.)

________________________________________________________________________
Student Printed Name

________________________________________________________________________
Date
ACKNOWLEDGMENT

(With General Release for Emergency Medical Treatment and Student-Provided Transportation)

(Off-Site Internship)

THIS AFFECTS YOUR LEGAL RIGHTS. PLEASE CAREFULLY READ BEFORE SIGNING BELOW.

As part of the requirement of participation in the class Internship and Senior Project (MMC 4975), I am participating in an internship at [name of internship site], where I will be participating in numerous activities which may be associated with risks. These risks are outlined in the attached Letter of Intent (collectively, the “Activities”).

I have also been informed of the possible dangers, hazards and risks involved in the transportation to and from internship Activities (if the Activities involve my providing transportation) and independent activities I undertake as a participant in the Activities. I have had an opportunity to ask questions about the Activities, and I understand the nature of those risks to me and to my property.

I have advised Professor Roberta Doggett (School of Communication Internship Coordinator) of any condition that limits my ability to participate in the Activities, including any medical condition and I understand that reasonable accommodations are available in the event of any such condition. I represent that I am physically able, with or without accommodation, as the case may be, to participate in the Activities, and I am able to use any equipment and/or supplies associated with the Activities. I am fully responsible for taking reasonable and appropriate precautions to participate in the Activities.

I understand that the University of North Florida has not engaged medical personnel at the location of the Activities. I grant permission to Professor Roberta Doggett (Internship Coordinator) and/or to [site supervisor] to authorize emergency medical treatment for me. The University of North Florida Board of Trustees and the State of Florida assume no responsibility for any injury or damage arising out of or in connection with such emergency medical treatment. I release all of them from any claim by me or any person claiming through me arising out of or in connection with such emergency medical treatment. I understand that I am responsible for the cost of any such emergency medical treatment. The University of North Florida provides no health insurance for my benefit.

If the Activities involve my providing transportation, I understand that I am assuming responsibility for safely transporting myself and any passenger(s) I decide to transport to and from the Activities. I have a valid driver's license that authorizes me to drive in the State of Florida. I agree to be fully responsible for taking the appropriate precautions for safely transporting myself and passenger(s) including ensuring that my automobile collision insurance provides adequate property and liability coverage to passengers. The University of North Florida Board of Trustees and the State of Florida assume no responsibility for any injury or damage arising out of or in connection with my transporting myself and passenger(s). I release all of them from any claim by me or any person claiming through me arising out of or in connection with such transportation. I understand that the University of North Florida provides no collision insurance, and no property or liability insurance coverage for my benefit or for the benefit of my passenger(s).

If I am under 18 years of age, my parents are also required to sign this Acknowledgment. If my parent or guardian has not signed this Acknowledgment, I understand that I am representing that I am 18 years of age or older.

I have had an opportunity to ask any questions I had about this Acknowledgment and sign it voluntarily.

__________________________________________________________________________________________________________________________

Student Signature (Electronic signatures cannot be used. Original signature required.) Date

Student Printed Name

__________________________________________________________________________________________________________________________

Witness Signature Date

Witness Printed Name

For Parent/Guardian of Student under the age of 18: I am the parent or legal guardian of the Student. I have read this Acknowledgment and, by signing below, I acknowledge that I understand the terms of this Acknowledgment and agree to be bound by it.

__________________________________________________________________________________________________________________________

(Parent/Guardian signature. Original signature required) Date: ____________________________

(Print Name)