## **Supervised Internship Proposal**

## Part 1. Student Information

Please write legik	oly.	_	
First Name	Middle	Last	Students must complete Part 1 and have the site supervisor fill out Part 2.
			Return to: 1100 Knight Hall College Park, MD 20742, fax: 301-314-9166
University ID Number (e.	g. 10000000)		Guileye Faik, MD 20742, 1ax. 301-314-5100
Email			If you have questions, please visit our website at go.umd.edu/MerrillCareerCenter
Address during Internsh	IIP Semester		
			CHECK APPROPRIATE SEMESTER AND INTERNSHIP:
			Fall 🗆 Winter (199) 🗆 Spring 🔲 Summer 🔲 Year_
GRADE OF "C" OR HIGHE	BE ACCEPTED FOR CREDIT II R IN PREREQUISITE COURSE: RANSCRIPT WITH THIS FORM	s. <u>Students must</u>	<ul> <li>JOUR 199 (1 credit, grade S/F, requires at least 60 hours during one semester; does not count towards degree.)</li> <li>JOUR 396 (2 credit, graded A-F, and requires at least 90 hours during one semester; degree requirement for journalism majors.)</li> <li>JOUR 399 (1 credit, graded A-F, and requires at least 90 hours in at least 10 weeks; degree requirement for journalism majors.)</li> </ul>
this document and in such an internshi connected therewith the supervised inter the function of the in safety. In consideration of th internship course a personally assume the internship, and agents and employe or damage which m all risks connected t	I have sought an internsl that I am cognizant of a p, and of the basic safety h. I understand that it is n rnship course to teach s istructor to serve as the he opportunity to enroll i nd to participate in the all risks in connection v I further release the Unives, from any and all liab hay befall me while I am therewith, whether fores	Il dangers inherent y rules for activities not the purpose of safety rules, nor is it guardian of my n the supervised internship, I hereby vith the course and versity, its officers, ility for any injury enrolled, including seen or unforeseen,	employees from any claim by me or my family, estate, heirs or assigns arising out of my enrollment and participation in this course and internship. I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; that I have informed myself of the contents of this affirmation and release by reading it before I signed it; and that I have signed it as my own free act. In witness whereof, I have executed this affirmation and release at the Philip Merrill College of Journalism, University of Maryland.
officers, agents and		-	Student's signature Date



	Supervisors, please complete Part 2 of the
Please write legibly.	Supervised Internship Form and return it to your intern.
Supervisor's Name	If you have questions, please visit us at go.umd.edu/MerrillCareerCenter
Τιτιε	golumu.cuu/merniloareeroemer
Organization	BENEFITS:
Address	☐ Honoraria ☐ Hourly Wage ☐ Other (specify)
PHONE FAX	
Email	*Keep in mind the Fair Labor Standards Act and the additional oversight necessary for unpaid interns.
Supervisors will evaluate interns twice during the grading period. Please indicate how you would prefer to receive evaluations.	ATTACH INTERNSHIP JOB DESCRIPTION OR SPECIFY DUTIES AND ACTIVITIES BELOW:
E-mail:	
□ Fax:	
BY SIGNING BELOW, I VERIFY THAT I AM A FULL-TIME COMM	UNICATIONS PROFESSIONAL AND AGREE TO:
<ul> <li>provide a valuable learning experience for this intern</li> <li>directly supervise the intern including regularly scheduled or</li> </ul>	
<ul> <li>provide a valuable learning experience for this intern</li> <li>directly supervise the intern including regularly scheduled or member</li> <li>provide midterm and final semester written evaluations to the in a timely manner</li> </ul>	
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