

# DEPARTMENT OF TELECOMMUNICATION INTERNSHIP APPROVAL FORM

(RTV 4940) SECTION # \_\_\_\_\_

SEMESTER / YEAR: \_\_\_\_\_

PERSONAL INFORMATION \_\_\_\_\_  
NAME

UFID NUMBER \_\_\_\_\_

\*Address at time of internship \_\_\_\_\_  
ADDRESS

E-MAIL ADDRESS \_\_\_\_\_

\_\_\_\_\_  
CITY / STATE / ZIP CODE

(\_\_\_\_\_) \_\_\_\_\_  
TELEPHONE # (incl. area code)

SPONSORING ORGANIZATION INFORMATION \_\_\_\_\_  
ORGANIZATION

SUPERVISOR NAME / TITLE (Mr./Mrs./Ms) \_\_\_\_\_

\_\_\_\_\_  
ADDRESS

(\_\_\_\_\_) \_\_\_\_\_  
BUSINESS PHONE # (incl. area code)

\_\_\_\_\_  
CITY / STATE / ZIP CODE

(\_\_\_\_\_) \_\_\_\_\_  
FAX NUMBER (incl. area code)

RESPONSIBILITIES: (Be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Internship START DATE: \_\_\_\_\_

Internship END DATE: \_\_\_\_\_

HOURS PER WEEK: \_\_\_\_\_

CREDIT HOURS REQUESTED: \_\_\_\_\_ (See attached guidelines for the work hour / credit hour formula)

OVERALL GPA: \_\_\_\_\_ RTV COURSES TAKEN AT UF: \_\_\_\_\_

.....  
You must submit monthly internship reports (1 page, typed, double-spaced) as well as a final summary of your internship experience (3-5 pages, typed, double-spaced). Also, at the end of the internship, your intern employer / supervisor will be asked to evaluate your performance. Addresses are listed in the attached guidelines.  
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I have read the directions for this internship and understand all the requirements. I understand that failure to submit monthly reports and the final summary will result in a final grade of U. I also understand that I will be registered for credit, and agree to pay all fees associated with this course.

STUDENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DEPARTMENT CHAIR

**STUDENT QUALIFICATION CHECKLIST AND STATEMENT CONCERNING FOR-CREDIT INTERNSHIP**  
Department of Telecommunication, University of Florida

Thank you for your interest in RTV4940 "Telecommunication Internship." Please read this entire packet carefully. If you wish to apply for credit for this course, you must first meet all of the requirements as outlined below and in the attached guidelines. If you qualify in all respects, and if you understand, support, and agree with the statements below, sign and date as indicated. **Please provide a current audit form** (available from Student Services, 1000 Weimer Hall). Return your completed application to the Department of Telecommunication, 2081 Weimer Hall.

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**Qualification Check**

1. Read the following statement. If it is true, put your initials in the blank to the left of the statement.

\_\_\_\_\_ I have successfully completed RTV 2100 and RTV 3007 (formerly RTV 3000) with grades of C or better.

2. What RTV courses and/or other experience qualify you to carry out the responsibilities of this internship?

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**Statement and Agreement**

Print all information except the signature: I, \_\_\_\_\_, understand that the University of Florida

*(Print your name here)*

Department of Telecommunication does not require me to do an internship for graduation, nor does it require that I register for credit to do an internship. I also understand that the Department offers internship credit only as a courtesy and convenience to me, and in exchange I expect no further services from the Department for this internship other than, upon my complying with the terms spelled out above and in the attached guidelines, the credit itself.

I acknowledge that I am an adult, capable of making decisions and dealing with others on my own. With respect to my application or inquiry I might make concerning academic credit for an internship, I shall deal with the Department and The University of Florida myself and not allow anyone else to make contact on my behalf.

By my signature below, I certify that I already meet (or will meet by the time the internship begins) the prerequisites, which are set forth above and in the attached guidelines, to receive RTV4940 Telecommunication Internship credit. My signature below further indicates I fully understand and support the Department's internship policy.

**I understand that the agency which accredits the College of Journalism and Communications requires the department to limit the number of internship credits that can be applied to meet graduation requirements to a total of no more than three (3), regardless of from what unit within or outside the University of Florida they are awarded.**

**I also understand that I will be registered for credit, and agree to pay all fees associated with this course.**

Do *not* sign this statement unless you have read it first!

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(Sign your name legibly here)

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(Print the date here)

**THIS FORM WILL NOT BE ACCEPTED UNLESS  
(1) IT IS PRINTED WHERE INDICATED AND SIGNED LEGIBLY AND,  
(2) HAS A CURRENT AUDIT FORM ATTACHED.**