

PUR 4940 Internship Application

Complete ALL Items

STUDENT INFORMATION			
Last Name:		First:	UF ID #:
E-mail Address:		Phone #:	
Mailing Address:		Apt/Unit #:	
City:		State:	Zip:
Overall GPA:	(2.5 Required)	Total accrued credit hours:	(60 Required)
Grade earned in following courses PUR 3000:		<input type="checkbox"/> Currently Enrolled	JOU 3101: <input type="checkbox"/> Currently Enrolled
List one other professional course you have completed:		Grade in this course:	

INTERNSHIP INFORMATION			
Semester/Year of Internship: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		Credit Hours (1-3) (1 Credit = 65 Hrs of Work) <input type="checkbox"/> 1 (65 hrs) <input type="checkbox"/> 2 (130 hrs) <input type="checkbox"/> 3 (195 hrs)	
Organization/Company:			
Company Mailing Address:		City, State & Zip:	
Supervisor's Name:		Supervisor's Phone #:	
Supervisor's Email Address:			
Number of Weeks:	Hours Per Week:	Total Hours of Internship: (No less than requested credit hours)	
Start Date:			
End Date:			
Internship is: <input type="checkbox"/> Unpaid <input type="checkbox"/> Paid at \$		Per hour/other:	
Have you completed an internship for credit before?		If yes, what organization did you work with?	
<input type="checkbox"/> Yes		<input type="checkbox"/> No	

ACKNOWLEDGEMENT
<input type="checkbox"/> Checking this box testifies you have read the Internship Policies and Procedures and understand course requirements to earn a "Satisfactory" grade. PUR 4940 is graded S/U.
Please note: Your internship application will not be reviewed until we have received the letter from your supervisor (on company letterhead and addressed to the department chair with an ink signature) signifying your acceptance as an intern with the company and explaining your responsibilities as a public relations intern. Please refer to the policies and procedures packet for more information.

DEPARTMENT USE ONLY		
_____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied (Any comments are on back of form)	Date _____
Dr. Marcia W. DiStaso, Department Chair		
Application is Complete & Letter is Attached: _____	Office Assistant Reviewed: _____	<input type="checkbox"/> Hold on Record
	Processed and Registered: _____	