ADV4941
ADVANCED ADVERTISING INTERNSHIP APPLICATION FORM
Department of Advertising/College of Journalism & Communications

Name: ________________________

Classification: _______

Term Requesting: ______________

Address: __________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>City/State</th>
<th>Zip Code</th>
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Phone number: ______________________

E-mail address: ______________________

UFID#: ____________________________

Requirements

1. At the time when your internship begins, will you have completed ENC 3254, MAR 3023 and ADV 3008 with a minimum grade of C in each class?

   YES ____  NO ____

2. What is your GPA? _______

Intern Work Information

Name of Firm or organization: ______________________

Supervisor: ______________________

Address: __________________________

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<thead>
<tr>
<th>Street</th>
<th>City/State</th>
<th>Zip Code</th>
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</table>
Email (needed for sending end-of-term evaluation form link): ________________
Phone Number: ________________

Is Internship: Paid ___ Non-Paid ___

Credits Requesting: 1 ___ 2 ___ 3 ___

Total Hours: _________

Hours Per Week: _________

Internship Start Date: _____________ End Date: _____________

Total # of Weeks: _____________

Give brief description of job duties:

After reviewing the ADV 4941 syllabus, please explain why this internship qualifies as an Advanced Internship instead of a standard ADV 4940. Briefly describe your proposed individual project that you will submit to your portfolio. (Attach separate document if necessary):

________________________________________

Academic credit will not be given for an internship in a private residence. Working for another student, relative or faculty member is not permitted. ADV 4941 is graded on an A-E basis. The Department of Advertising will register you for the course.
"I have read and completed the Advanced Advertising Internship form. I have read and understand the ADV 4941 Syllabus that explained the rules for earning academic credit for an advanced advertising internship."

Date: ______________________

Student’s Signature: ______________________

APPROVAL SIGNATURE

Date: ______________________

Department Chair’s Signature: ______________________
LETTER OF ACCEPTANCE (From Sponsor)

INTERN'S NAME: ____________________________________________________________
(Print)

DUTIES: (Please define specifically what the intern will do and learn, including specific tasks as appropriate.)

Intern's Work Schedule: ___# days of the week and ________# hours

PRINT NAME: ___________________________ Title: _____________________________
(Internship Sponsor)

EMAIL (needed for sending end-of-term evaluation form link):_______________

SIGNATURE: ___________________________ Date: ________________

As part of earning academic credit, interns are not permitted near hazardous equipment. Driving vehicles other than their own and performing purely personal tasks for other people (e.g., shopping, picking up dry cleaning, meeting children after school, etc.) are prohibited. Interns are not permitted to work for other students.
LETTER OF ACKNOWLEDGEMENT

This is to certify that I have read and understand the syllabus and requirements for ADV 4941, Advanced Internship.

I acknowledge that my lack of familiarity or understanding of course requirements is an unacceptable reason for not completing the requirements properly or not meeting the assigned deadline.

Print Name:________________________________________

Signature:_________________________

Date:________________________