

CENTRAL CONNECTICUT STATE UNIVERSITY

Department of Communication

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Internship Organization Listing Form

**Communication Internship In (please check one):**

Media Studies

Organizational Communication

Public Relations/Promotions

Media Production/Performance

**Internship Available** (check all applicable):    Spring       Summer       Fall

**Academic Year:** \_\_\_\_\_

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Internship Site Coordinator Name

\_\_\_\_\_  
Organization Street Address

\_\_\_\_\_  
Internship Site Coordinator Phone

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Internship Site Coordinator Email

\_\_\_\_\_  
Type of Business/Institution

\_\_\_\_\_  
Supervisor Name (if different from coordinator)

\_\_\_\_\_  
Department/Area

\_\_\_\_\_  
Approximate Distance of Internship from CCSU

\_\_\_\_\_  
Range of Hours Per Week, i.e., 15-20

Description of Intern Job Responsibilities:

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

Date Submitted: \_\_\_\_\_

Please Give the Completed Form to the Student or Email it to  
[williamsc@ccsu.edu](mailto:williamsc@ccsu.edu) Thank You!