

CENTRAL CONNECTICUT STATE UNIVERSITY  
DEPARTMENT OF COMMUNICATION  
**STUDENT INTERNSHIP APPLICATION FORM**

STUDENT NAME \_\_\_\_\_

CCSU ID NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

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

EMAIL ADDRESS \_\_\_\_\_

**GPA REQUIREMENT:**    ☐ 2.50 min. overall GPA

**OR**

☐ 3.00 min. in all COMM coursework

**INTERNSHIP EMPHASIS:**

- |   |  |
|---|--|
| <input type="checkbox"/> Media Production   | <input type="checkbox"/> COMM 227/228 or 327/328 |
| <input type="checkbox"/> Organizational   | <input type="checkbox"/> COMM 253                |
| <input type="checkbox"/> Public Relations/Promotions  | <input type="checkbox"/> COMM 334                |
| <input type="checkbox"/> I have successfully completed a minimum of 15 COMM credits   |  |
| <input type="checkbox"/> I understand that I may not enroll in more than 15 total credits (including the 3-credit internship) in the semester in which I will be working my internship. |  |
| <input type="checkbox"/> I have/will review the Internship Booklet  |  |

INTERNSHIP SEMESTER: \_\_\_\_\_ FALL    \_\_\_\_\_ SPRING    \_\_\_\_\_ SUMMER    YEAR: \_\_\_\_\_

PREFERRED INTERNSHIP SITE: \_\_\_\_\_

ALTERNATE SITE: \_\_\_\_\_

How will this internship contribute to your academic and professional growth? (Please answer in the space provided and use the back of this page or attach another sheet if necessary.)

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DATE SUBMITTED: \_\_\_\_\_