School of Communication Studies
Experiential Learning Application

INSTRUCTIONS FOR STUDENTS: Please read the entire application and complete all areas in either legible handwriting or typewritten form. **THIS APPLICATION MUST BE RECEIVED 1 MONTH BEFORE THE SEMESTER.**

Student Information

Name:_____ **Phone:**_____

Address:_____

Banner ID: _____ **Email:** _____

Course Information:

☐ **45092 Internship** ☐ **46092 Practicum**

Company Information

Company Name:_____ **Phone:**_____

Address:_____

Site Supervisor Name:_____ **Title:**_____

Email:_____

Project Information

Please include a position description (typed on organization's letterhead and signed by your supervisor) with this application.

Internship: ☐ **Paper & Weekly Reports** ☐ **130 hours for 3 credits**

☐ **260 hours for 6 credits**

or

Practicum: ☐ **Portfolio & Weekly Reports** ☐ **150 hours for 3 credits**

THE SCHOOL OF COMMUNICATION STUDIES INTERNSHIP PROGRAM STUDENT DISCLOSURE AGREEMENT

The Student is responsible for finding their own internship or practicum that fits Kent State University School of Communication Studies program parameters and guidelines. Student warrants that all information provided to the School of Communication Studies is true and accurate, and is not offered for any deceptive or improper use. If the School of Communication Studies believes that the Student has provided false information or provided information for a deceptive or improper purpose, the School of Communication Studies may immediately revoke the Student's internship program opportunity. Student agrees to release, indemnify, and hold harmless Kent State University and its officers, employees and agents from and against any claim, liability, loss or expense arising in connection with the Student's use of the Internship Program. Student hereby authorizes the School of Communication Studies to release to potential internship placement organizations any and all personal and academic information needed to provide necessary services, including but not limited to Student's name/address/phone number, resume, major, degree, transcripts, and graduation date. This Agreement represents the complete understanding of the parties. Any modification to this agreement must be made in a writing executed by both parties.

Once you have reviewed the document and agree to its terms, simply complete the information below

Name:_____ **Date:**_____

Signature:_____

Please return this completed form to Dr. Bihn-Coss before the internship application deadline.