**Bowling Green State University**

**School of Media and Communication**

**Journalism and Public Relations (JOUR)**

**INTERNSHIP APPROVAL & REGISTRATION FORM**

**JOUR 4000**

The Internship Coordinator (Dr. Terry Rentner) must approve internships BEFORE the student begins work. After this form has been reviewed and approved, registration will be done through the School of Media and Communication at Dr. Rentner’s request. (Students cannot register themselves for JOUR 4000.) For the safety of students, the University, and employers, BGSU requires that all students doing internship work be registered for University credit.

**PLEASE READ CAREFULLY. Answer all yellow highlighted questions and save the file as a Word document. Email it as an attachment to the Internship Coordinator:**

**Dr. Terry Rentner:** [**trentne@bgsu.edu**](mailto:kabrads@bgsu.edu)

**Please do not change any info in RED.**

**STUDENT-INTERN INFO**

**STUDENT’S BGSU ID NUMBER: Click or tap here to enter text.**

**STUDENT’S FIRST NAME: Click or tap here to enter text.**

**LAST NAME: Click or tap here to enter text.**

**STUDENT’S BGSU EMAIL: Click or tap here to enter text.**

**ACADEMIC LEVEL** *(Rank during internship semester):*  **Choose an item.**

**ACADEMIC PLAN** *(Major: JOUR, etc.):*  **Click or tap here to enter text.**

**FIELD EXPERIENCE CLASS INFO**

**CLASS:** JOUR 4000 **CLASS NUMBER:** **CLASS TITLE:** JOUR Field Experience

**COLLEGE:** A&S **TERM** *(Semester of internship)*: **Semester:** **Year:**

**APPROXIMATE DATES OF INTERNSHIP:**

**FROM:** Click or tap to enter a date. **TO:** Click or tap to enter a date.

**CREDIT HOURS REQUESTING**: **Choose an item.**

1-3 HRS CREDIT (MAX, 3 HRS). 120 hours of internship service equals one credit hour. Prerequisites: 2.5 JOUR accum. GPA, 2.5 overall GPA and completion of JOUR 2000. Graded on S/U (pass/fail) basis only. Journalism majors are required to complete a minimum of 2 hours of J4000 credit and minors have a 1-hour requirement.

**INTERNSHIP POSITION INFO**

**EMPLOYMENT TYPE**: part-time\_\_\_\_ full-time\_\_\_\_  **TITLE:** Intern

**HOURS PER WEEK** *(Approximate):* \_\_\_\_\_ **NUMBER OF WEEKS** *(Approximate):* \_\_\_\_\_

**INTERNSHIP EMPLOYER INFO**

**EMPLOYER NAME** *(Company, agency, association name):*Click or tap here to enter text.

**INTERNATIONAL** *(Is the employer a non-U.S. company?):* **Yes:\*  No:**

**\*If yes, in which country is the employer located:** Click or tap here to **enter** text.

**EMPLOYER ADDRESS:**

**Click or tap here to enter text.**

**CITY:** Click or tap **here** to enter text.

**STATE / PROVINCE / REGION:** Click or tap **here** to enter text.

**ZIP / POSTAL CODE:** Click or tap here to enter text. **COUNTRY:** Click **or** tap here to enter text.

**EMPLOYER WEBSITE: Click or tap here to enter text.**

**TYPE OF COMPANY** *(What is its primary purpose?):* **Click or tap here to enter text.**

**DIRECT SUPERVSOR INFO**

**FIRST NAME:** Click or tap here to enter text. **LAST NAME: Click or tap here to enter text.**

**TITLE:** Click or tap here to **enter** text.

**EMAIL:** Click or tap here to enter text.

**PHONE NUMBER:** Click or tap here to enter text.

**BRIEF POSITION DESCRIPTION** *(Describe what the duties of the internship. Please provide one clear and concise paragraph):*

**Click or tap here to enter text.**

Students should forward an email from the internship supervisor or the company hiring the intern that confirms the student has been hired as an intern to: [trentne@bgsu.edu](mailto:kabrads@bgsu.edu)

Other students may not supervise student-interns. The direct supervisor must be an official employee of the hiring company and must be an experienced professional who can provide on-the-job direction and oversight.

**Internship Supervisor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EXPERIENCE LOCATION**

**LOCATION SAME AS EMPLOYER** *(Will the internship take place in the same location as the employer’s address above?):* **Yes:  No:\***

**\*If the location of the internship is NOT the same as the location of the employer (above), please provide the address where the internship will take place:**

**\*INTERNSHIP LOCATION ADDRESS:**

**Click or tap here to enter text.**

**CITY: Click or tap here to enter text.**

**STATE / PROVINCE / REGION: Click or tap here to enter text.**

**ZIP / POSTAL CODE: Click or tap here to enter text.**

**COUNTRY: Click or tap here to enter text.**

**INTERNATIONAL** *(Will the internship take place outside the United States?):*

**Yes:\*  No:**

**\*If yes, in which country is the internship: Click or tap here to enter text.**

**I (the student-intern) have received a copy of the Internship Policies and Procedures and I understand what is expected of me to successfully complete and receive credit for this internship. I attest that all information I have provided on this form is true.**

**YES:**

**Your First & Last Name:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

**Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT-INTERNS: Please READ the Liability Waiver information below carefully before you sign this form. If you have questions, please contact the Internship Coordinator,**

**Dr. Terry Rentner:** [**trentne@bgsu.edu**](mailto:kabrads@bgsu.edu)

IN CONSIDERATION of my being permitted to participate in the Journalism and Public Relations program at Bowling Green State University, I for myself, my heirs, executors, administrators, and assigns, hereby waive and relinquish any and all rights, claims or demands, against Bowling Green State University or any University employees which may hereafter accrue to me by reason of any injury or injuries due to any accident or accidents, whether the same result in death or not, which I may sustain during such experiences provided by Bowling Green State University, as foresaid; and I further agree for the above consideration, for myself, my heirs, executors, administrators and assigns, that I will not present any claim, or file any suit, against Bowling Green State University or any University employees if I sustain injuries from said accident or accidents, whether said injuries result in death, or not, and whether or not such death be immediate. I hereby attest and verify that I have full knowledge of the risks involved in this participation.

I further agree to indemnify and hold Bowling Green State University and its employees harmless from any claim or suit arising out of any alleged malfeasance, misfeasance or nonfeasance or any alleged acts or omissions constituting malpractice by me in connection with such experience.

**I understand that at the work site, my employer will supervise me and I have the option of not working in a hazardous environment. In addition, I agree that my automobile liability insurance will be in force if I am driving an automobile during my work assignment. Furthermore, I understand that I can acquire professional liability insurance through Bowling Green State University if I so desire or if my work supervisor requests said insurance.**

**IF YOU AGREE, SIGN BELOW:**

**Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT CONTACT INFORMATION**

Home Address **Click or tap here to enter text.**

City **Click or tap here to enter text.** State **Click or tap here to enter text.** Zip **Click or tap here to enter text.**

Phone **Click or tap here to enter text.**

**Registration Information (to be completed by the internship coordinator)**

**FALL\_\_\_\_ SPRING\_\_\_\_ SUMMER\_\_\_\_**

**Credit Hours\_\_\_\_\_\_\_ Internship Coordinator’s Signature of Approval\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Overall GPA\_\_\_\_\_\_\_\_ Journalism GPA\_\_\_\_\_\_\_**

**J1000 Grade\_\_\_\_ J2000 Grade\_\_\_\_ J2500 Grade\_\_\_\_ J2550 Grade\_\_\_\_**

**J\_\_\_\_\_Grade\_\_\_ J\_\_\_\_\_Grade\_\_\_ J\_\_\_\_\_Grade\_\_\_ J\_\_\_\_\_Grade\_\_\_**

**FOR OFFICE USE ONLY: Evaluation Sent\_\_\_\_\_\_\_\_\_ Evaluation Received\_\_\_\_\_\_\_\_\_\_**

**FOR INTERNSHIP COORDINATOR APPROVAL**

|  |  |
| --- | --- |
| **Internship Approved**  **Internship Not Approved**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature of Internship Coordinator**  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_ | **Notes/reminders:** |

**LL July 2019**

**OnBase Format**