Communication Internship in: (please check one)

☐ Mass Media    ☐ Organizational Communication    ☐ Promotion/Public Relations
☐ Legislative    ☐ Other: ____________________________

Internship Available For (check all applicable): ☐ Spring    ☐ Summer    ☐ Fall

Academic Year: ______ - ________    or    ☐ Ongoing

__________________________________   ____________________________           
Company Name                        Internship Coordinator Name

__________________________________   ____________________________           
Company Street Address               Internship Coordinator Phone

__________________________________   ____________________________           
City, State, Zip                     Internship Coordinator Email

__________________________________   ____________________________           
Type of Business/Institution         Company Fax

__________________________________   ____________________________           
Person Providing Supervision (If diff from coordinator) Department/Area

__________________________________   ____________________________           
Approximate Distance of Internship from CCSU Range of number of hours/week i.e., 15-20

NOTE: Interns receive academic credit in lieu of pay, but costs for travel, parking or special expenses may be reimbursed.

Description of Intern Job Responsibilities:

____________________________________________________________________________________
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____________________________________________________________________________________
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Date Submitted: ______________________

Please return the completed form to the student or fax it to: 860-832-2702. Thank you!