

**Rowan University**  
**College of Communication & Creative Arts**  
**Radio/TV/Film Department**  
**Internship Program Approval Form**

Prior to completing this form, please ensure that you have satisfied the general pre-requisites for this course (RTF major, 75 earned credit hours, 2.5 GPA, completed both Film and TV Production 1).

**Internship Semester:** ☐ Fall ☐ Spring ☐ Summer 1 ☐ Summer 2

**Number of Credits Approved:** ☐ 3 Credits (120 Hours) ☐ 6 Credits (240 Hours)

**Course CRN:** \_\_\_\_\_

*Note: You must have prior approval from the Internship Coordinator before you can accept an Internship.*

Date: \_\_\_\_\_ Anticipated semester of graduation: \_\_\_\_\_

Student Name: \_\_\_\_\_ Rowan ID: \_\_\_\_\_

Local Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Rowan Email Address: \_\_\_\_\_

How many hours will you work at the Internship, per week? \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Company providing Internship: \_\_\_\_\_

Address of Company providing Internship: \_\_\_\_\_

Name & Title of Immediate Supervisor: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_

Description of Duties (may attach additional sheet)\*: \_\_\_\_\_

Date the Internship begins: \_\_\_\_\_ Date the Internship will be completed: \_\_\_\_\_

Immediate Supervisor's Signature: \_\_\_\_\_

Internship Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*NOTE: It should be understood that the description of duties outlined above constitutes an agreement between all parties concerning the specific tasks, to be performed, by the student, while undertaking the Internship. Any change in these duties, without the consent of all parties, shall void the agreement.*

**Completed Form MUST be emailed to Prof. Keith Brand, internship coordinator.**  
**brandk@rowan.edu**