

Webster University
School of Communications
Internship Program
Internship Authorization - Student
Please attach resume

Student Name: _____

Major: _____ ID#: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell# _____

E-Mail: _____

Semester/Year you are enrolled in Internship Program (MEDC 4950) _____

Number of Credit Hours registered for Internship Program (MEDC 4950) _____

Number of Working Hours Required for Credit (64 working hours per credit): _____

Qualifications for Internship

Semester and Year Portfolio Review was Passed: _____
or

Semster and Year Internship Release Form was Received: _____

Student Goals for Internship: _____

Signatures

Student: _____ Date: _____

Internship Director: _____ Date: _____