

Internship Information Form

Please provide the information below so we may better serve your organization's needs.

Webster University
School of Communications

ORGANIZATION INFORMATION

Date_____

Organization_____

Description of organization_____

Internship Supervisor/Contact Person_____

Title_____

Address_____

City_____ State_____ Zip_____

Telephone_____ Fax_____

Email_____ Website_____

INTERNSHIP INFORMATION

Intern Position/Title_____

Description of Internship and Duties

This Internship is_____ paid_____ unpaid

Eligibility and Skill Requirements

Application Process

Additional Information

Please return this form to Mindy Berkowitz, Internship Coordinator
Webster University School of Communications
470 E. Lockwood St. Louis, MO 63119
Fax – 314-963-6106