



# OHIO UNIVERSITY

E. W. Scripps School of Journalism

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## Internship Approval Form

Your internship needs to have adviser approval. Submit this form to your adviser for his/her signature. Once approved, this form will be a part of your permanent file.

Student: \_\_\_\_\_ PID #: \_\_\_\_\_

Catalog Date of Entry: (i.e. 2009-10) \_\_\_\_\_

Company: \_\_\_\_\_

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

Name and Title of Internship Supervisor: \_\_\_\_\_

Supervisor's Phone number: \_\_\_\_\_

Internship dates/length: \_\_\_\_\_

Number of internship hours expected: \_\_\_\_\_

Briefly describe what this internship will entail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Adviser Signature: \_\_\_\_\_

Date: \_\_\_\_\_