

INTERNSHIP CHECKLIST FOR ALL GRADY MAJORS

Be sure to complete the following steps in order to receive credit for your internship:

1. Complete all course prerequisites
2. **READ** and complete the internship packet.
Your completed internship packet will contain 4 key items:
 1. Request for approval
 2. Employer letter
 3. Signed Policy Memorandum
 4. A copy of your advisement for with the internship listed as recommended
3. Return these 4 items to your major department's secretary before the close of Drop/Add.
4. Follow-up with your department secretary to make sure your internship was approved and that you have a POD for the internship course.
5. **REGISTER** for the internship class for the specified number of credit hours.
6. When you have completed the internship, please submit all required paperwork and reports on time.

Please Contact the Entertainment and Media Studies department secretary if you have any questions:

EMST- Entertainment and Media Studies- Ms. Cheryl Christopher (104-A Journalism)

Department of Entertainment and Media Studies
Request for Approval of Internship Application: EMST 5010

Name: _____

Date: _____

UGA MyID number (81_): _____

Semester desired: _____

Athens Address: _____

Phone/Athens: _____

Phone/Home: _____

Status (circle one): 1st year 2nd year 3rd year 4th year 5th year

Number of hours of credit requested: (Circle One) 1 2 3

Email Address: _____

I understand that in order to receive 1 to 3 variable hours of academic credit in the College of Journalism and Mass Communication Internship for Credit Program, I must concurrently register for EMST 5010, and further that I must meet the following requirements:

- I am a **student enrolled** in the EMST Department.
- I have **successfully completed** EMST 3010 or 3010H, EMST 3210/3210L and EMST 3510.

The following items are needed to receive credit for my internship:

- A letter verifying the offer of an internship from the employer
- A 3-5 page typed final report of my internship activities.
- My employer's evaluation of my internship activities.

Name and title of your supervisor(s), company, address, phone number and email address:

I understand the responsibilities placed on me in order that I may receive credit for the requested Internship. My failure to carry out these responsibilities outlined above by the dates indicated will result in my receiving an unsatisfactory grade in EMST 5010 and loss of credit for the internship.

Student's Signature: _____

Date: _____

Advisor's Signature: _____

Date: _____

FOR DEPARTMENT HEAD USE ONLY: Approved Disapproved

Department Head's Signature: _____

Date: _____



ENTERTAINMENT AND MEDIA STUDIES
INTERNSHIP INFORMATION

POLICY MEMORANDUM

March 2016

(A complete copy of this form should be returned to the address indicated in Section II)

Section I

In compliance with University of Georgia policy, access to programs operated by this institution is available to all otherwise qualified persons. Therefore, there shall be no discrimination on the basis of race, national origin, religion, sex, age, disability, or veteran status, in either the selection of students for participation in programs, or as to any aspect of a program; provided, however, that with respect to disability, the disability must not be such as would, even with reasonable accommodation, in and of itself, preclude the student's effective participation in the program.

The form below should be maintained in the files of UGA academic units whose students participate in clinical training, internships, externships, practicums, and similar off-campus aspects of their degree programs which involve other agencies, organizations, or entities. This form is not required for programs which are covered by the Clinical Agreement between the Board of Regents and the Georgia Hospital Association.

Students Name: _____

Section II

To be completed by UGA unit in which student is enrolled

Department: Entertainment and Media Studies, Grady College of Journalism and Mass Communication

Address: The University of Georgia, Athens, GA 30602-3018

Contact Person: Dr. Jay Hamilton, Department Head

Email: hamilton@uga.edu

Telephone Number: 706.542.3785 **Fax:** 706.542.2183

Section III

To be completed by representative or preceptor, organization, or entity providing clinical training, internship, externship, practicum, or other off-campus experience for University of Georgia students. Please return this entire form to the address listed in Section II above.

Name of preceptor/organization/entity/facility: _____

Address: _____

As a condition of the University of Georgia student participation in an off-campus experience with this organization, entity, or facility, I certify that I have read Section I above and will comply with its provisions.

Contact official: _____

Telephone number: _____

Email address: _____