

# INTERNSHIP CHECKLIST FOR EMST 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 with contain 3 key items:

1. Request for approval
  2. Employer Offer letter
  3. Policy Memorandum
3. Return these 3 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

Room #: 104-A Journalism

Email: [Cherylch@uga.edu](mailto:Cherylch@uga.edu)

Phone #: 706-542-3785



# Department of Entertainment & Media Studies

*Grady College of Journalism and Mass Communication*

**UNIVERSITY OF GEORGIA**

## Request for Approval - Fall 2021

Name: \_\_\_\_\_

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

UGA MyID number (81\_\_): \_\_\_\_\_

Major: \_\_\_\_\_

Athens

Phone/Athens: \_\_\_\_\_

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

Phone/Home: \_\_\_\_\_

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

### Number of hours of credit requested: (check one):

**3 = 320 hours**

**2 = 214 hours**

**1 = 107 hours**

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 Grady College of Journalism.

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

- A Offer letter verifying the internship from the employer **(Due by Wednesday, August 18th)**
- A Policy Memorandum from the employer **(Due by Wednesday, August 18th)**
- A 3-5 page typed final report of my internship activities. **(DUE BY Wednesday, December 8th)**
- My employer's evaluation of my internship activities. **(DUE BY: Wednesday, December 8th)**

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: \_\_\_\_\_

Department Head's Signature: \_\_\_\_\_

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

**Employer Offer Letter (Fall 2021)**  
*Department of Entertainment and Media Studies*  
*Grady College of Journalism and Mass Communication*  
*The University of Georgia*

Dr. James Hamilton  
Department of Entertainment and Media Studies  
College of Journalism and Mass Communication  
University of Georgia  
Athens, Ga 30602-3018

Dear Dr. Hamilton,

I have offered a **Fall semester 2021** internship in my organization to \_\_\_\_\_  
(Fill in Students Name here)  
at \_\_\_\_\_  
(Organization Name here)

Please indicate below the days and times the intern will be working:

|            |                       |                               |                       |
|------------|-----------------------|-------------------------------|-----------------------|
| Monday     | Times: _____ to _____ | Saturday:                     | Times: _____ to _____ |
| Tuesday:   | Times: _____ to _____ | Sunday:                       | Times: _____ to _____ |
| Wednesday: | Times: _____ to _____ |                               |                       |
| Thursday   | Times: _____ to _____ |                               |                       |
| Friday:    | Times: _____ to _____ | Total hours worked each week: | _____                 |

As an internship provider, I agree to provide an experience that is in legal accordance to Fact Sheet #71 by the U.S. Department of Labor, Wage and Hour Division. Additionally, I agree to complete a short written evaluation of the student's performance of assigned duties no later than **Wednesday, December 8th** and will submit it via email to Ms. Cheryl Christopher at [cherylch@uga.edu](mailto:cherylch@uga.edu).

The primary responsibilities of the internship will include but are not limited to the following:

- Task/Responsibility #1: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Task/Responsibility #2: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Task/Responsibility #3: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please enter at least three core responsibilities of the experience.) Please feel free to send additional information.

Sincerely,

\_\_\_\_\_  
Please put your name here.

\*Note to employer: The above items must be included in the students file along with the letter offering an internship in order for the student to be eligible for academic credit. This letter and the written evaluation are your only responsibilities.

**If you have any questions, please contact Ms. Cheryl Christopher at 706-542-3785 or [cherylch@uga.edu](mailto:cherylch@uga.edu).**



# Department of Entertainment & Media Studies

*Grady College of Journalism and Mass Communication*  
**UNIVERSITY OF GEORGIA**

## POLICY MEMORANDUM

FALL 2021

(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

### 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: \_\_\_\_\_