



ENTERTAINMENT AND MEDIA STUDIES
I N T E R N S H I P I N F O R M A T I O N

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. Confirm with your EMST academic advisor how the internship credit fits into your plan of study.
3. Read and complete the internship packet. Your completed internship packet will contain 4 key items:
 - Request for approval
 - Employer offer letter – **must** be completed by your internship supervisor
 - Signed Authorization for Release of Records and Information form on p. 4, allowing the University of Georgia and internship site to communicate with one another about your work performance
 - Completed internship form for Director of Experiential Program, submitted online
4. Email the first 2 items to Ms. Vivi Guerra at vivian.guerra@uga.edu **before the end of drop/add.**
5. Ensure your supervisor has submitted the Memorandum of Understanding (MOU), emailed by Samantha Meyer.
6. Follow up with Ms. Guerra to make sure your internship was approved and that you have a POD for the internship course.
7. REGISTER for the internship class for the specified number of credit hours.
8. By the last day of classes, be sure the following is submitted:
 - 3-5 page paper, outlined on your request for approval form
9. Employer Evaluation – **must be completed by your supervisor; Ms. Guerra will send an email reminder to your supervisor about this.** Initial details can be found on the Info to Employers sheet of your internship packet.

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

EMST- Entertainment and Media Studies

Ms. Vivi Guerra

Room #: 104-A Journalism

Email: vivian.guerra@uga.edu

Phone #: 706-542-3785



Department of Entertainment & Media Studies

Grady College of Journalism and Mass Communication

UNIVERSITY OF GEORGIA

ENTERTAINMENT AND MEDIA STUDIES

INTERNSHIP INFORMATION

Request for Approval of Internship

Name: _____

Date of Request: _____

Athens Address: _____

UGA Email Address: _____

Phone Number: _____

Semester when internship and EMST 5010 are requested: _____

Supervisor Name: _____

Supervisor Email: _____

Supervisor Phone Number: _____

Internship Organization Name: _____

Internship Address: _____

Number of credit hours requested (check one):

_____ **3 hours of credit = 320 hours**

_____ **2 hours of credit = 214 hours**

_____ **1 hour of credit = 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 **enrolled** in the Grady College of Journalism and Mass Communication in the Entertainment and Media Studies department.

_____ I have **successfully completed** (grade C- or better) the following courses: EMST 3110 and EMST 3150.

_____ A **letter verifying** the offer of an internship from the employer (offer letter template can be found in internship packet), to be completed prior to the **first day** of the semester in which the internship is to be performed.

_____ The University of Georgia Memorandum of Understanding (MOU) regarding logistical expectations for the experience and non-discrimination **must be completed by the employer** and submitted prior to the first day of the semester in which the internship is to be performed. This will be sent directly to your supervisor by Grady College's Director of Experiential Programs.



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INTERNSHIP INFORMATION

_____ I will **submit a 3-5 page typed final report of my internship activities**. This report will be submitted with my evaluation of the internship to my department head **by the last day of classes for the semester** in which the internship is performed. It should be emailed to Ms. Vivia Guerra at vivian.guerra@uga.edu.

_____ I will remind my supervisor that their evaluation of my internship activities via email to Ms. Vivia Guerra must be submitted **by the last day of classes for the semester** the internship is performed.

_____ I will **not receive credit** from another department, school or college for the internship.

_____ I allow the University of Georgia and my internship site to communicate with one another about my work performance. I **will submit** the Authorization for Release of Records and Information form on p. 4. I understand that I will **need someone to sign that document as a witness**.

Please note: The witness can be your roommate, a friend, etc. You can use the PDF form or print and scan into an email (e.g.: iPhone Notes has a built-in scanner).

Complete this online form for Samantha Meyer, Grady’s Director of Experiential Programs:

<https://bit.ly/EMSTInternshipForm>

_____ I have completed the above online form for the Director of Experiential Programs.

_____ I have shared the employer internship information with my supervisor

_____ 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 Signature: _____ Date: _____

Advisor’s Signature: _____ Date: _____

Department Head’s Signature: _____ Date: _____

Submit the completed internship packet for consideration by your department head, who will let you know whether credit for the internship has been approved or disapproved. This request must be submitted **BEFORE** the internship begins. **The earlier you submit, the better.**



Department of Entertainment & Media Studies

Grady College of Journalism and Mass Communication

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ENTERTAINMENT AND MEDIA STUDIES

INTERNSHIP INFORMATION

AUTHORIZATION FOR RELEASE OF RECORDS AND INFORMATION

TO: The Board of Regents of the University System of Georgia or any of its member Institutions (hereinafter referred to as the "Institution"), and any Facility where I participate in or request to participate in an applied learning experience (hereinafter referred to as the "Facility").

RE: _____ (Print Name of Student)

As a condition of my participation in an applied learning experience and with respect thereto, I grant my permission and authorize the Board of Regents of the University System of Georgia or any of its member institutions to release my educational records and information in its possession, as deemed appropriate and necessary by the Institution, including but not limited to academic record and health information to any Facility where I participate in or request to participate in an applied learning experience, including but not limited to the Facility (hereinafter referred to as the "Facility"). I further authorize the release of any information relative to my health to the Facility for the purposes of verifying the information provided by me and determining my ability to perform my assignments in the applied learning experience. I also grant my permission to and authorize the Facility to release the above information to the Institution. The purpose of this release and disclosure is to allow the Facility and the Institution to exchange information about my medical history and about my performance in an applied learning experience.

I further understand that I may revoke this authorization at any time by providing written notice to the above stated person(s)/entities, except to the extent of any action(s) that has already been taken in accordance with this "Authorization for Release of Confidential Records and Information."

I further agree that this authorization will be valid throughout my participation in the applied learning experience. I further request that you do not disclose any information to any other person or entity without prior written authority from me to do so, unless disclosure is authorized or required by law. I understand that this authorization shall continue in force until revoked by me by providing written notice to the Institution and the Facility, except to the extent of any action(s) that has already been taken in accordance with the "Authorization for Release of Records and Information".

In order to protect my privacy rights and interests, other than those specifically released above, I may elect to not have a witness to my signature below. However, if there is no witness to my signature below, I hereby waive and forfeit any right I might have to contest this release on the basis that there is no witness to my signature below. Further, a copy of facsimile of this "Authorization for Release of Records and Information" may be accepted in lieu of the original.

I have read, or have had read to me, the above statements, and understand them as they apply to me. I hereby certify that I am eighteen (18) years of age or older, or my parent or guardian has signed below; that I am legally competent to execute this "Authorization for Release of Records and Information"; and that I, or my parent and/or guardian, have read carefully and understand the above "Authorization for Release of Records and Information"; and that I have freely and voluntarily signed this "Authorization for Release of Records and Information".

This the _____ day of _____, _____.

Participant Signature

Witness Signature

Participant Name (Please Print)

Witness Name (Please Print)

Parent / Guardian Signature (if applicable)

Witness Signature

Parent / Guardian Name (Print if applicable)

Witness Name (Please Print)



Department of Entertainment
& Media Studies
Grady College of Journalism and Mass Communication
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INTERNSHIP INFORMATION

To: Hiring Managers – EMST Internship Participating Companies and Organizations

From: Dr. James Hamilton, Professor and Head of Department of Entertainment and Media Studies

Re: EMST Internship

Many thanks for accepting a Department of Entertainment and Media Studies student for an internship. Professional internships are essential to the success of our students and to our program at UGA. We appreciate your willingness to oversee our student's professional development.

Please complete the attached offer letter confirming a) that you have offered a student an internship, b) that you will supervise her/his work, and c) that you will write a short evaluation in your own words describing the student's performance at the end of her/his time with you.

We need you to return to us this offer letter as soon as possible. We must have it by **the first day of the semester your student is requesting credit.**

We need your end-of-internship evaluation by **the last day of the semester your student is requesting credit.**

Please note that we will need you to complete a Memorandum of Understanding (MOU), if your organization does not already have one on file with Grady College. The University System of Georgia (USG) requires a standard MOU form be completed for students who engage in an internship through University of Georgia (UGA) programs. The form is meant to ensure that there is a common understanding about providing UGA students with a safe, harassment-free work environment that offers a meaningful educational/training experience.

After your student intern submits their internship approval packet and you submit the offer letter, the MOU will be emailed to you by Samantha Meyer, Grady College's Director of Experiential Program. This will be sent via DocuSign from the email address gradyexperience@uga.edu. You do not need that program in order to complete the form; you will be able to do so directly from the email. If you have any questions, concerns or issues signing the MOU, please email Samantha at sam610@uga.edu.

Note: Your student intern will not be able to begin their internship until you return the MOU.

If you have questions or suggestions, please contact me at 706.542.3785 or hamilton@uga.edu or my assistant, Vivi Guerra at vivian.guerra@uga.edu. Again, thanks for assisting the professional development of a young UGA media professional.

Please send the offer letter and your final evaluation letter to Ms. Vivi Guerra at vivian.guerra@uga.edu.

Employer Offer Letter
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 **(fill in date of semester – Fall/Spring/Summer and year)**

_____ internship in my organization

to **(student's name)** _____

at **(organization name)** _____.

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 **by the final day of classes of the semester**. I will submit that via email to Ms. Vivian Guerra at vivian.guerra@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. Vivi Guerra at 706-542-3785 or vivian.guerra@uga.edu.