

Internship Application
Department of Media Arts
Middle Tennessee State University

Student Name _____ M# _____

Major _____

Phone () _____ E-mail _____

Following must be filled in completely: Date of application _____

Course #/Section _____ Credit hrs _____ CRN # _____

Fall _____ Spring _____ Summer _____

Have you completed any other internship or practicum hours that are being applied toward graduation? Yes No If so, how many hours? _____ When? _____

Where? _____

Internship Employer Information:

Employer/Company _____

Supervisor _____

Supervisor e-mail _____

Title _____ Department _____

Address _____

City/State/Zip _____

Phone () _____ Ext _____ FAX () _____

Prerequisites: Please indicate those completed or will have completed prior to internship.

All majors: Admission to Candidacy _____ Overall GPA _____

Video and Film Production:

VFP 2130 _____

Media Management

EMC 4430 _____ and one of: EMC 3030, 3110, 4010, 4140 _____

Animation:

ANIM 3040 _____ VPF 1060 _____ ANIM 3310 _____

Interactive Media

EMC 2500 _____ EMC 3060 _____ EMC 3065 _____

Student Signature _____ Date _____

Internship Coordinator _____ Date _____

****** A CURRENT RESUME, TRANSCRIPT AND COVER LETTER MUST BE
ATTACHED TO THIS APPLICATION**