New Media Communications
Internship Proposal

Student
Last Name ___________________________________________ First Name _______________________________ M.I. ______
OSU ID _________________________________ Major __________ OSU Email _______________________________
Address ___________________________________________ Telephone _________________

Internship credits are restricted to: 15 completed NMC credits and/or class standing of Junior or Senior
Complete the following: Junior _____ Senior _______ Number of completed NMC credits: ________________

Internship Placement
NMC 410 ________ Hours per week ________ Credit hours _______ (30 hours = 1 credit, estimated 3 hours per week)
CRN ___________ Placement begins ________________ Ends ________________ Pay? Yes _____ No ______
Agency ______________________________________________________________________________________
Site Supervisor _____________________________________ Title ___________________________
Address ______________________________________________________________________________________
Telephone ____________________________
Email ___________________________________________

University Contact
Faculty Approver: Dr.________________ Telephone: 541-737-_________ Email: ___________@oregonstate.edu

Student’s Learning Objectives (Student defines objectives. Include position duties, relation to major, media, career goals, etc.)
1. ____________________________________________________________________________________________
2. ____________________________________________________________________________________________
3. ____________________________________________________________________________________________

Student Responsibilities to Faculty Approver (Dates for meetings, reports, papers, etc.)
__________________________________________________________________________________________

Required Signatures:
Student ___________________________________________ Date ________________
Placement Site Supervisor ____________________________ Date ________________

NMC Faculty Approver Printed Name ___________________________________________
Signature ________________________________ Date ________________