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 Supervisor: Nicole Holck Telephone: 541-737-2342 Email: holckn@oregonstate.edu

Student’s Learning Objectives (Student indicates: include position duties, relation to major, media, career goals, etc.)
1. _____________________________________________________________________________________________
   _____________________________________________________________________________________________
2. _____________________________________________________________________________________________
   _____________________________________________________________________________________________
3. _____________________________________________________________________________________________

Student Responsibilities to Faculty Supervisor (Dates for Meetings, reports, papers, etc.)
______________________________________________________________________________________________
______________________________________________________________________________________________

Required Signatures:
Student ___________________________________________ Date _______________
Placement Site Supervisor _______________________________ Date _______________

RETURN TO NMC OFFICE (Snell 030) FOR REVIEW
Approved ☐ Not Approved ☐

NMC APPROVER: Nicole Holck _______________________________ Date _______________

New Media Communications, 030 Snell Hall, Oregon State University, Corvallis, OR 97331