

New Media Communications

Campus Media Practicum Proposal (NMC 409)

Student

Last Name _____ First Name _____ M.I. _____
OSU ID _____ Major: _____ OSU Email _____
Address _____ Telephone _____
Class Standing _____

Practicum/ On-Campus Internship Placement (To be completed by the student)

Hours per week _____ Credit hours _____ (30 hours = 1 credit, estimated 3 hours per week)
CRN _____ Placement begins _____ Placement Ends _____
Campus Department/Division _____
Address _____ Telephone _____
Site Supervisor _____ Title _____
Supervisor Email _____

NMC Contact

Practicum Coordinator: Bill Loges Telephone: 541-737-9855 Email: Bill.Loges@oregonstate.edu

Student's Learning Objectives (To be completed by student. Position duties, relation to major, media, career goals, etc.)

1. _____

2. _____

3. _____

Student Responsibilities to Faculty (Student & Site Supervisor: Dates for meetings, reports, papers, etc.)

Required Signatures:

Student _____ Date _____
Placement Site Supervisor _____ Date _____

RETURN TO NMC OFFICE (Snell 030)

Approved Not Approved

NMC APPROVER: Bill Loges _____ Date _____