

RTVF INTERNSHIP PROGRAM
DEPARTMENT OF RADIO/TELEVISION/FILM
SCHOOL OF COMMUNICATION
HOFSTRA UNIVERSITY

For _____ semester
For _____ credits
Sponsor _____
RTVF 170 - _____ - code _____
DO NOT WRITE ABOVE THIS LINE

STUDENT APPLICATION

When completed, attach (1)on-site agreement, (2)resume, (3)copy of DAR and make appointment with Prof. Morrow, rm. 417 NAB 516 463 6576 douglas.a.morrow@hofstra.edu

NAME _____

Last

First

Middle

STUDENT ID# _____

This application is submitted to do an internship for (circle the appropriate semester)

FALL / JANUARY / SPRING / SUMMER I / SUMMER II

in _____ (year) for _____ number of credits.

Current Address: (please print clearly)

Current Phone Number: _____ E-mail _____

Permanent Address:

Permanent Phone Number: _____

(NOTE: Please notify the Program if you will be at a different address/phone during the semester of your internship.)

Major _____ Minor _____

Academic Major Advisor name:

_____ ext. _____

_____ Overall GPA (minimum 2.5)

I have already completed an internship for credit. YES NO (circle one)

If yes, for how many credits? _____ When _____
Semester/Year

I have attended the required RTVF 170 workshop and have read the program materials published on the RTVF internship website. I meet all the requirements, and agree to abide by the policies of the program.

Student's Agreement Signature X _____ Date _____