

AVF INTERNSHIP PROGRAM
DEPARTMENT OF AUDIO/VIDEO/FILM
SCHOOL OF COMMUNICATION
HOFSTRA UNIVERSITY

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

STUDENT APPLICATION

When completed, attach (1) on-site agreement, (2) resume, and (3) copy of DAR and make appointment with Prof. Morrow, rm. 417 New Academic Building (516) 463-6576

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 use pertinent phone number.)

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 MEET ALL ADMISSION REQUIREMENTS, AND I AGREE TO ABIDE BY THE POLICIES OF THE PROGRAM.

Student's Agreement Signature X _____ Date _____

cc: Faculty Sponsor; Dept.; Program; Student