COM295/296 Digital Media Production / Communications Internship Information Sheet

Student Information:			
Student Name	Phone		Email
Course: COM 295	□ COM 296		
Semester Internship registere	ed: 🗌 Fall	Spring	
Semester Internship to take p	olace: 🗌 Fall	Spring	Summer
Internship Hours: 🗌 120 ho	urs More	then 120 hours	(how many?)
Work Site Information			
Organization Name			
Department			
Address			
Supervisor's Name	Phone		Email
Supervisor's Position/Title			
Approximate Work Schedule	(Day/Time)		
Start Date	_		te

On the other side of this form, please provide a detail list of the Goals and Objectives of this position and the duties to be performed in meeting those goals. Supervisor and Student must sign

List: Goals and Objectives of this Internship:	
Briefly describe duties to be performed:	
briefly describe duties to be performed.	
Student Signature	Supervisor Signature
Return form immediately to Richard Lenoce, Profe Community College, Middletown, CT 06457. Cont	
Instructor Date Initials	