



School of Journalism
and Mass Communication
UNIVERSITY OF WISCONSIN-MADISON

J697 Internship Registration (1 credit) Application Form

Step 1: Student/Internship Information

Name: _____

Major (s): _____ Year (circle one): 1st 2nd 3rd 4th 5th

Campus Address: _____

Phone Number: _____ Email: _____

ID#: _____

Internship (circle one): Paid / Unpaid Hourly Rate/Stipend (If paid): _____

Dates of Internship: _____ Hours/week: _____

Are you working at the Internship Site (circle one)? Y / N Online/Virtual? Y / N

Company/Organization: _____

Address: _____

Phone: _____ Company Website: _____

On-site supervisor's name/title: _____

Supervisor's Phone Number: _____ Supervisor's Email: _____

Internship Title: _____

Intern Roles and Responsibilities (or attach position description):

Signatures: By signing this form, you are agreeing that the information above is correct.

Student Intern: _____ Date: _____

On-site supervisor: _____ Date: _____

Step 2: Faculty/Student Academic Plan

Faculty Supervisor: _____

Faculty Supervisor Signature: _____ Date: _____

Step 3: Email the completed form to Pam Garcia-Rivera, pgarciariver@wisc.edu

For Office Use:

Internship Type (*to be completed at appointment*):

News/Magazine/Print _____	Event Planning _____
News/Broadcast/Video (Radio, TV, Podcast) _____	Web _____
Advertising _____	Non-Profit _____
Public Relations _____	Social Media _____
Sports Communication _____	Other _____
Government _____	

Pam Garcia-Rivera signature: _____ Date: _____

For Office Use:

Authorization to Register (*circle one*): Y / N

If No, Reason Why? _____