Internship/Practicum Coordinator:
Clark McMillion—Department of Communication (mcmillion@umsl.edu)
590 Lucas
One University Boulevard
St. Louis, MO 63121
314-516-6724

After you turn in the contract you should email me for the permission number.

Student Information: UMSL Email address:______________________________

Name:_________________________ Student #:__________________ Phone #:__________________
Street Address:________________________________________ Apt. #:________________________
City:__________________________ State:_______________ Zip:____________________________
Previous Courses in Related Field:______________________________________________

Internship or Practicum Course Information:
Course Number (please circle) Com 4920 or Com 4950,
Semester (please circle) Fall, Spring, or Summer-----Number of Credit Hours:________
Location of Internship:
Company./Agency/Organization:___________________________________________________
Dept.:_______________________________________________________________________
Supervisor’s Name and Title:_____________________________________________________
Supervisor’s Phone #:_____________________ Ext. #:_______________________________
Supervisor’s Complete Mailing Address:___________________________________________

Student’s Requirements, Responsibilities, and Duties:________________________________

Approximate Work Schedule:

__________________________________________________________

Total Number of Hours Per Week:________
Total Number of Hours for the Semester:________
(Number of hours for should total 150 for 3 credit hour internships and practicums.)

Grading:
The student will be evaluated on the following basis:
Midterm report 20%
Final report and Project 40%
Site supervisor evaluation (this is a suggested grade, the coordinator assigns official grade) 40%.

Approval Signatures: Students should sign only if they have read the syllabus for the course!!

Student:________________________________________________________ Date:______________
Site Supervisor:__________________________________________________ Date:______________
Internship/Practicum Coordinator:____________________________________ Date:______________