

Department of Communication Studies Internal 509 Form
student must enter information in MyHusky once approved

Student Name:

Student ID Number:

Agency Name (Internship Organization):

BU Agency Number:

Internship Start Date

Internship End Date:

Agency Address:

Site Supervisor Name:

Site Supervisor Title:

Site Supervisor Phone Number:

Site Supervisor Email:

Is Site Supervisor a BU Alumnus? Yes No

Internship Type:
(On site, remote, hybrid)

Hours per week:

Paid Internship? Yes No

Internship Semester:

Credits for Internship:

Internship Instructor:

Subject Area: CommStud
Catalog Nbr: 497

Current Affiliation Agreement: Yes No

Number of earned credits (80 by start date): Cumulative GPA (at least 2.5 at time of application):

Core Comm Studies course work completion (by start date): Yes No

Completion of three 300/400 level classes in concentration (by start date): Yes No

Completion of at least one 400 level course in concentration (by state date): Yes No

Student Signature:

Date:

Advisor/Internship Instructor Signature:

Date:

Chairperson signature:

Date: