UNIVERSITY OF CENTRAL OKLAHOMA
MASS COMMUNICATION DEPARTMENT
Verification of Broadcast Internship Agreement
TO BE FILLED OUT BY INTERN AND COMPANY REPRESENTATIVE

Student’s Name_____________________________________________________________

Supervisor’s Name_______________________________________________________

Company’s Name_________________________________________________________

Descriptive title of internship_______________________________________________

_________________________________________________________________________

General duties & activities to be undertaken by the student_______________________

_________________________________________________________________________

AGREEMENTS

1. The student will work the number of hours specified in the Internship syllabus (a minimum of 100 hours for a “B” and 120 hours for an “A”) and will earn two (2) credit hours.

2. The student will submit the various reports as specified in the Internship syllabus.

3. The On-Sight Supervisor agrees to sign weekly reports filled out by the student, fill out a written evaluation of the student at midterm and at the end of the semester on forms supplied by UCO.

4. The Internship Coordinator will assign a grade to the student based on the intern’s reports, the Supervisor’s evaluations, the professor/student conference, and the number of hours of supervised work as specified in the Internship syllabus.

5. It is understood by the student that all University rules pertaining to class attendance apply to the Internship.

The undersigned have read and agree to all conditions set forth.

Student_________________________________________ Date_______________

Supervisor_________________________________________ Date_______________

Faculty Internship Coordinator________________________ Date_______________

TO BE RETURNED AT THE BEGINNING OF INTERNSHIP
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UNIVERSITY OF CENTRAL OKLAHOMA
MASS COMMUNICATION DEPARTMENT
INTERN JOB DESCRIPTION

Internship Information

Job Title

Company Name

Company Intern Supervisor

Address

Phone Email

Person to contact (if different from Supervisor)

Days Needed Hours Needed

Job Description (duties and responsibilities of Intern)

Qualifications (special skills, training, education, or experience required or preferred)

Date of beginning Internship

Student information

Student Name

Student Address

City Zip Telephone

Email

Intern Supervisor Information

Supervisor Name

Supervisor Title Email

Company Telephone

Address

City Zip Telephone

Email
Student’s Name___________________________________________________________

Supervisor’s Name________________________________________________________

Organization_____________________________________________________________

Number of Hours Worked: Sunday_______ Monday_______ Tuesday_______
Wednesday_______ Thursday_______ Friday_______ Saturday_______

Description of Work Performed and Observations Made:

Student Signature______________________________________ Date_______________

Supervisor Signature___________________________________  Date_______________

FAX: (405) 974-5125
UNIVERSITY OF CENTRAL OKLAHOMA  
Department of Mass Communication  
Mid-Term Broadcast Internship Evaluation

For Period Beginning_______ and Ending_______________

Student’s Name___________________________________________________________

Supervisor’s Name________________________________________________________

Organization_____________________________________________________________

PLEASE RETURN BY to Dr. Keith Swezey 5:00 p.m., October 15, 2010

Supervisor’s Comments Regarding:

Hours Worked to Date

Work Performed

Observations Made of Student Performance

Observations Made of Student Attitude Toward Internship

Other Comments

Student Signature______________________________________ Date_______________

Supervisor Signature___________________________________  Date_______________

FAX: (405) 974-5125  
PLEASE RETURN BY 5:00 p.m., October 15, 2010
INTERN SUPERVISOR – FINAL EVALUATION REPORT

University of Central Oklahoma
Department of Mass Communication
FAX: 405-974-5125 / e-mail: kswezev@ucok.edu

Intern: _____________________________________________________
Evaluator: __________________________________________________

To the supervisor: Please complete this evaluation report on the work this student has done for you in fulfillment of the internship. Thank you for your cooperation.

**Please return by:** December 10, 2010, at 5:00 pm You may fax, mail, or e-mail the report back.

Promptness Superior  Good  Below Average  Do Not Know
Resourcefulness Superior  Good  Below Average  Do Not Know
Maturity Superior  Good  Below Average  Do Not Know
Interest in Job Superior  Good  Below Average  Do Not Know
Ability to Learn Superior  Good  Below Average  Do Not Know
Ability to Communicate Superior  Good  Below Average  Do Not Know
Ability to Organize Superior  Good  Below Average  Do Not Know
Ability to Work with Others Superior  Good  Below Average  Do Not Know
Ability to WorkIndependently Superior  Good  Below Average  Do Not Know
Ability to Contribute to the Organization Superior  Good  Below Average  Do Not Know
Understanding of Procedures Superior  Good  Below Average  Do Not Know
Promise of Success in the Profession Superior  Good  Below Average  Do Not Know
Leadership Ability Superior  Good  Below Average  Do Not Know

What do you consider the intern’s most significant strengths?

How could the intern improve?

Hypothetically, if your firm had an opening for a person with the background of this intern, would you hire her/him?

Any additional comments you wish to make concerning this intern?

Total # of hours worked:  
What letter grade do you suggest for this intern:  A  B  C  D  F  

Supervisor Signature ___________________________ Date ________________

**Please return by:** December 10, 2010, at 5:00 pm You may fax, mail, or e-mail the report back.