# Internship Program (COM 484)

**Basic Requirements**
- Communication major with at least 56 hours of college credit
- Minimum GPA of 2.00
- Completion of COM 207, 225, and 308 with a grade of C or better

**Application Deadlines**
- By 5pm July 15 for fall semester
- By 5pm October 15 for spring semester
- By 5pm April 15 for summer semester
  - If you are after the due date, please email Dr. Dybvig-Pawelko at kristindp@asu.edu.

**How to Apply**
- **Due to legal constraints, ALL paperwork must be completed on time. If you do not complete all paperwork, YOU WILL BE DROPPED FROM THE COURSE.**
  1. Complete the Application for Internship and return it to Stauffer 412 (place in Kristin Dybvig-Pawelko's box). You may also mail it to Kristin Dybvig-Pawelko at PO Box 871205 Tempe, AZ 85287-1205. **You are not required to arrange for an internship prior to the application deadline.** You will find your internship later.
  2. Check to make sure your ASU e-mail is working properly. We will let you know via e-mail if you have been accepted to the program after the deadline has passed.
  3. After you complete the deadline has passed, you will be added into a blackboard organization where you will complete paperwork about your internship before you can be cleared to register.

**Grading and Credits**
- The first three credits of your internship receive a letter grade. Your grade will be based on your performance as an intern, as well as your performance in the internship class.
- If you enroll for six credits, the second three will be graded on a pass/fail basis. Thus, you will receive a grade of “Y” if your performance is satisfactory.
- A three-credit internship requires 160 hours of work; a six-credit internship requires 320 hours of work.
- Internships may be taken once or repeated for credit up to a total of six hours.
  - If you desire additional hours, you may arrange to earn them through another department or you may file a petition with the curriculum committee.

**For More Information**
- Internship Director: Dr. Kristin Dybvig-Pawelko (Kristin.Dybvig-Pawelko@asu.edu)
Internship Program

APPLICATION FOR INTERNSHIP

A complete application consists of this document and the document entitled “Consent to the Release of Information.”

This application is only for verifying that you have the prerequisites for entry into the internship program. You are not required to arrange for an internship prior to the application deadline.

Please type the information in the appropriate spaces or print very neatly.

Application deadlines for internships are:

<table>
<thead>
<tr>
<th>Semester</th>
<th>Deadline</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall – July 15th by 5pm</td>
<td></td>
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<td>Spring – October 15th by 5pm</td>
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<td></td>
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<tr>
<td>Summer – April 15th by 5pm</td>
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</tbody>
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(Please email if after the deadline)

Semester during which you intend to complete the internship (please choose only one):

☐ Fall 20___      ☐ Spring 20___     ☐ Summer 20___

Name ___________________________ ID# ___________________________ Phone ___________________________

ASU E-mail ___________________________ ASU user ID ___________________________

Address ____________________________________________________________

Total Number of Credit Hours Completed __________

ASU Cumulative GPA ___________________________ [NOTE: 2.0 GPA Mandatory]

I am a communication major: ☐ Yes ☐ No

Under no circumstances are you permitted to begin an internship without completion of all application materials.
CONSENT TO THE RELEASE OF INFORMATION

STUDENT NAME: ____________________________________________________________

STUDENT IDENTIFICATION NUMBER: ________________________________

EDUCATIONAL RECORD(S) TO BE RELEASED: Disciplinary Records.

PARTY OR CLASS OF PARTIES TO WHOM DISCLOSURE OF RECORDS MAY BE MADE, “AUTHORIZED RECIPIENT(S)”:

Dr. Kristin-Dybvig-Pawelko
Internship Director
Hugh Downs School of Human Communication MS 1205

PURPOSE OF THE DISCLOSURE: Confirmation of disciplinary standing.

By presenting a signed and dated copy of this Consent to Arizona State University “ASU”, Student consents to the release by ASU of the Records to the Authorized Recipient(s) for the Purpose identified above. The Student further agrees that ASU may discuss the information contained in the Records with the Authorized Recipients. This Consent applies to educational records that may otherwise be protected under the Family Educational Rights and Privacy Act of 1974, as amended, 20 U.S.C. 1232g.

STUDENT SIGNATURE: ________________________________________________

DATE: ___________________________________________________________________