

Butler University
College of Communication Internship Approval Form

Student Name: _____

Student ID #: _____

Student Email: _____

Student Cell #: _____

Sem./Yr. for Internship: Fall Spring Summer I Summer II
20_____

Company/Organization sponsoring the internship:

Address: _____

Contact Name: _____

Contact Email: _____

Contact Phone: _____

Title of Internship: _____

Starting Date: _____

Ending Date: _____

This internship is: Paid Unpaid

Course Number for Internship: _____

Student Signature: _____

Date: _____

Dept. Chair Signature: _____

Date: _____

CCOM Internship Dir. Signature: _____

Date: _____