



INTERNSHIP APPLICATION

Fox 46 WJZY – My 12 WMYT TELEVISION STATION
3501 Performance Ave., Charlotte, NC 28214

All qualified applicants (students) will be given equal consideration regardless of race, color, age, sex, religion, disability or ethnic background.

NAME: _____
 PRESENT ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____
 PERMANENT ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____
 EMAIL ADDRESS _____

SEMESTER YOU WANT TO BE CONSIDERED FOR AN INTERNSHIP:

() FALL 20__ () SPRING 20__ () SUMMER 20__

REFERRED BY:

SCHOOL _____ PUBLICATION _____
 JOBFAIR _____ EMPLOYEE _____
 OTHER _____ ON MYOWN _____

UNIVERSITY/COLLEGE CLASSIFICATION:

JUNIOR ____ SENIOR ____ GRADUATE STUDENT ____

EDUCATION:

University/College _____
 School Address _____
 Major/Minor _____
 Professor's Name: _____
 Telephone: _____ Business Hours _____
 Email Address _____

COURSE NAME AND NUMBER FOR WHICH CREDITS WILL APPLY:

How many credit(s) will you receive for the internship? _____
How many hours are required to receive the credit(s)? _____
Have you had an internship before? _____
If so, where: _____
What were your principal duties as an intern? _____

DEPARTMENT(S) OF INTEREST:

Please indicate three (3) Departments of interest with one (1) being your first choice

News _____ Sales _____ Weather _____
Production _____ Web _____ Promotions _____

SCHEDULE AVAILABILITY:

Day	Hours	Day	Hours	Day	Hours
Mon		Thurs		Sat	
Tues		Fri		Sun	
Wed					

What do you expect to gain from the internship program?

What are your career goals?

Signature _____ Date ____/____/____

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Interviewed by: _____ Date: _____
Interviewed by: _____ Date: _____
Student needs to confirm internship by: _____
Assignment: (Dept.) _____
(Supervisor) _____