



# SCHOOL OF COMMUNICATION

*Illinois State University*

## Professional Practice Form (COM 498)

### Requirements:

- Students must have completed a minimum of 18 hours of graduate course credit (including all required courses)
- Students must be in good academic standing at the university (cumulative GPA above 3.00)
- Students must submit insurance form with Professional Practice form
- Students must have selected a permanent graduate advisor and submitted a graduate committee form
- Students must provide a detailed description of the internship, including the scholarly product to be produced (see second page)

### Student Information:

**Semester:** (circle one) Fall Spring Summer    **Calendar Year:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**UID Number:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**ISU Email:** \_\_\_\_\_ @ilstu.edu

**Local Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

### Internship Information:

**Name of Organization:** \_\_\_\_\_

**Background check required:** Yes     No     If yes, please check when completed

**Liability waiver required:** Yes     No     If yes, please check when completed

**Direct Supervisor:** \_\_\_\_\_    **Phone:** \_\_\_\_\_

**Title of Supervisor:** \_\_\_\_\_    **Email:** \_\_\_\_\_

**Internship Site Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

(see second page)

**Internship Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**End Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Hours worked per week:** \_\_\_\_\_

**Credit Hours earned:** \_\_\_\_\_

**Description of Internship:** (Please also include a description of the scholarly final project)

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**By signing this form I acknowledge that I have read and agree to all requirements.**

\_\_\_\_\_  
**Student Signature:**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Agency Supervisor:**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Supervising Faculty Member:**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Student's Graduate Advisor:**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**SoC Graduate Coordinator:**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**SoC Executive Director:**

\_\_\_\_\_  
**Date:**