



**OHIO**  
UNIVERSITY

**E.W. SCRIPPS SCHOOL OF JOURNALISM**

## INTERNSHIP PRE-APPROVAL FORM

**Before** you start your internship, which is a requirement for graduation, you must complete this form and forward to your academic adviser for approval. Deadline: By the last day of classes in the semester before you begin your internship. An **Internship Pre-Approval Form** submitted after you have already completed the internship will not be accepted and your internship will not be approved as meeting your graduation requirement.

DATE:	TOTAL CREDIT HRS EARNED TOWARD COMPLETING BSJ:
STUDENT:	PID#: P _____
ADVISER:	TRACK:
CATALOG OF ENTRY (e.g. 2019-2020):	MONTH/YEAR EXPECTED GRADUATION:
EMAIL:	PHONE:
Is this internship your first adviser-approved internship to be used to meet your graduation requirement? <b>YES / NO</b>	
If no, number of adviser-approved internships you have completed to date: _____	

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title of Internship Supervisor: \_\_\_\_\_

Supervisor's Contact Information: Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Internship dates/length: \_\_\_\_\_ Total expected work hrs (must be 200 hrs minimum): \_\_\_\_\_

Internship format: \_\_\_\_\_ Remote \_\_\_\_\_ On site.

Briefly describe your job responsibilities for this internship:

\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Adviser Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Students: Submit this form as an email attachment to your academic adviser.

Advisers: Forward this form, verifying your approval with your signature, to Hans Meyer, associate director ([meyerh@ohio.edu](mailto:meyerh@ohio.edu)). Save a copy for your files.