

Audio-Video Recording Track
Internship Request Form

This form is to be completed within the first two weeks of the Spring semester BEFORE your internship is to take place.

Name _____ Student ID# _____ Date _____

Email address _____ Phone# _____

Semester in which internship will take place Summer 20____

Internship Site: _____

Contact Person _____ Title _____

Site Address _____

City _____ State _____ Zip _____

Phone _____ Email _____ Web Address _____

Does this site have an existing affiliation agreement? (Check the BU Internship Website)

____yes ____no (if no, this may take an additional 12 weeks to process)

I understand that I am responsible for maintaining a professional demeanor during my internship. Any activity that causes a disruption of expected professional behavior may be cause for removal from the internship and a failing grade.

Student Signature

I recommend this student for an internship experience.

Internship Supervisor