

INTERNSHIP APPLICATION

WFLD/FOX TELEVISION STATIONS, INC. Michigan Ave/ Chicago, IL 60601 312-565-3015

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

Please print or type.

NAME _____
 PRESENT ADDRESS _____ CITY _____
 STATE _____ ZIP _____ PHONE (_____
 EMAIL ADDRESS _____
 PERMANENT ADDRESS _____ CITY _____
 STATE _____ ZIP-----,-----,--,- PHONE _____

INDICATE THE SEMESTER YOU WOULD LIKE TO BE CONSIDERED FOR AN INTERNSHIP:

)FALL _____)WINTER _____)SPRING _____ SUMMER _____
 YR. YR. YR. YR.

REFERRED BY:

SCHOOL PUBLICATION: _____
 ON MY OWN EMPLOYEE: _____
 JOB FAIR: _____
 OTHER: _____

University/College Classification:

Junior Senior _____ Graduate Student

EDUCATION:

UNIVERSITY/COLLEGE:	ADDRESS:	MAJOR/MINOR:

NAME OF PROFESSOR AND UNIVERSITY/COLLEGE INTERNSHIP INFORMATION:

PROFESSOR'S NAME:
 SCHOOL ADDRESS:
 TELEPHONE: _____
 BUSINESS HRS. _____

COURSE NAME: _____

HOW MANY CREDIT(S) WILL YOU RECEIVE FOR THE INTERNSHIP? _____

HOW MANY INTERNSHIP HOURS ARE REQUIRED TO RECEIVE THE CREDIT(S) ? _____

HAVE YOU HAD AN INTERNSHIP BEFORE? _____

IF SO, WHERE: _____

HOW LONG?

WHAT WERE YOUR PRINCIPAL DUTIES AS AN INTERN?

over