



## **WESH 2/CW18 INTERNSHIP APPLICATION**

WESH 2/ CW18 understands that a strong internship program facilitates practical experience that greatly enhances the education a student gains in college or graduate school. To provide this, WESH 2/ CW18 offers a dynamic internship program that students may take for one semester to earn academic credit. We have a variety of short-term internship opportunities available to currently enrolled college juniors, seniors, and graduate students. This internship is **unpaid**, and you are responsible for all personal travel and expenses.

Section II and the Verification of Academic Credit portions of this application should be filled out in consultation with your program and faculty advisors. Please mail/ Email the completed and signed application to:

**Intern Coordinator:** Kimberlee Asiam  
News Administrative Assistant  
WESH 2 CW 18  
1021 North Wymore Road  
Winter Park, FL 32789  
Email: [Kimberlee.Asiam@hearst.com](mailto:Kimberlee.Asiam@hearst.com)

### **SECTION I (Student must complete.)**

#### **PERSONAL INFORMATION:**

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

**Desired Semester:** Spring [ ] Summer [ ] Fall [ ]

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

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Birthday:** \_\_\_\_\_

**College / University:** \_\_\_\_\_

**Class (circle one):**      **Senior**              **Junior**              **Graduate Studies Program**

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

**Overall GPA:** \_\_\_\_\_

**Briefly state why you wish to undertake this internship:**

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**SECTION II (Faculty sponsor must complete.)**

**What are the learning objectives for the student?**

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**What does the student need to submit as proof of internship?**

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**Does your institution provide liability insurance for this student while they are performing field study for WESH 2/ CW18 in exchange for academic credit?   Yes [ ]      No [ ]**

## VERIFICATION OF ACADEMIC CREDIT

**This form must be completed prior to start of internship. It is not required at the time you submit your application.**

This verifies that the student listed below is eligible to participate in the WESH 2/ CW18 Internship Program and will receive course credit(s) upon successfully completing the program.

STUDENT'S NAME: \_\_\_\_\_

COLLEGE/ UNIVERSITY: \_\_\_\_\_

SCHOOL STATUS: \_\_\_\_\_

COURSE CREDIT(S) GRANTED: \_\_\_\_\_

HOURS REQUIRED FOR CREDIT: \_\_\_\_\_

STUDENT ADVISOR: \_\_\_\_\_

(Print)

(Signature)

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

\_\_\_\_\_

\_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_