



INTERNSHIP INFORMATION

KOCO-TV recognizes that a good internship program can add practical experience to the education a student gains in college or graduate school. Therefore, the Station has established an Internship Program in which students may work one semester and **earn academic credit** in lieu of cash compensation. Interns will be closely supervised and critiqued in order to maximize the learning experience.

KOCO-TV INTERNSHIP APPLICATION

Please mail, fax or e-mail the completed and signed application along with any appropriate paperwork to:

KOCO-TV Internship Program

1300 East Britton Road

Oklahoma City, OK 73131

Attention: Sandy Brenneis

Fax No. (405) 475-5219

e-mail address: sbrenneis@hearst.com

PERSONAL INFORMATION (Please type):

Name: _____ Social Security Number _____

College/University: _____

Circle One: Graduate Student Senior Junior Sophomore

Major: _____

Graduation Date: _____

Overall GPA: _____

Campus Address: _____

Campus Phone: (_____) _____

Home Address: _____

Home Phone: (_____) _____



INTERNSHIP AREAS

Internship opportunities are available in the following areas, hours may vary depending on the assignment and student schedule:

News ☐

Weather ☐

Sports ☐

Technical/Engineering ☐

Creative Services ☐

Sales Department ☐

Accounting ☐

Programming ☐

Semester Internship Desired: Fall ☐ Spring ☐ Summer ☐

Days available to work: Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Sun. ☐ (Minimum of 8 hours per week in the newsroom and 16 hours in other areas)

Beginning Date:_____ Ending Date:_____

Academic Advisor:_____ Telephone:(_____)_____



EDUCATIONAL BACKGROUND

List all related courses completed to date, and letter grades from each:

COURSE GRADE

COURSE GRADE

EXTRACURRICULAR ACTIVITIES

(Include any offices held, and awards or scholarships won)

1.

2.

3.

4.

5.

APPLICANT'S PROFILE

Briefly state your main objectives for participating in a KOCO-TV internship.

What are your strongest areas of interest?



EMPLOYMENT RECORD

(Starting with the most recent position held, work backwards including full and part-time positions. Also, list any other internships that you may have done.) **THIS SECTION MAY BE REPLACED BY A RESUME IF AVAILABLE.**

Employer's Name
and Address

Position Title
and Duties

Dates of
Employment

1.

2.

3.

4.

Additional training or skills:

Applicant's Signature

KOCO-TV is an Equal Opportunity Employer



VERIFICATION OF ACADEMIC CREDIT

This verifies that the student listed below qualifies to participate in the KOCO-TV Internship Program and will be eligible for course credits upon successfully completing the internship:

STUDENT'S NAME: _____

COLLEGE/UNIVERSITY: _____

SCHOOL STATUS: GRADUATE STUDENT____ SENIOR____ JUNIOR____ SOPHOMORE____

NUMBER OF COURSE CREDITS GRANTED: _____

STUDENT ADVISOR: _____

Mailing Address: _____

Phone Number: (____) _____

Fax Number: () _____ E-Mail Address: _____

Does the school's liability insurance cover this student while he/she is performing field study for KOCO-TV in exchange for academic credit? Yes [☐] No [☐]

Advisor's Signature

Date

THIS FORM MUST BE COMPLETED PRIOR TO START OF INTERNSHIP