

The University of Kansas – Film Internship
Department of Film and Media Studies
FMS 307 (undergraduate) or FMS 707 (graduate)

1. Fill out the Student Intern Information – Section 1 at the bottom of this page.
2. Meet with the internship supervisor at the sponsoring organization, ask the supervisor to complete the Internship Information (Section 2) on the second page, and obtain the supervisor’s signature on the form.
3. Fill out Section 3 with the FMS Internship Director, Professor Michael Baskett (eiga@ku.edu, or 785-864-1384). At this point, Section 4 should be detached and given to the Internship Supervisor until the end of the internship.
4. Upon completion of the internship, and in order for the student to receive credit, the internship supervisor must complete the Film Internship Evaluation (Section 4) on the third page OR write a letter to the Film and Media Studies Department specifying the number of hours of work completed and evaluating the student’s performance. The form or letter should be sent to:

Professor Michael Baskett
Film Internship Director
Department of Film & Media Studies
Summerfield Hall, Suite 230
1300 Sunnyside Avenue
Lawrence, KS 66045

Section 1 – Student Intern Information (to be completed by the student)

Name: _____ KU ID _____

Address: _____

Email: _____

Telephone: _____

Rank, in semester credit is to be received (circle one): Freshman Sophomore Junior
 Senior MA Ph.D.

List any previous internships, including sponsors and credit hours received: _____

Section 2 – Internship Information (to be completed by the supervisor at the sponsoring organization)

Internship Supervisor: _____

Title: _____

Telephone: _____

Email: _____

Organization: _____

Address: _____

Number of hours to be worked: _____

Description of the work to be done: _____

Supervisor
Signature: _____ Date: _____

Section 3 – Course Credit (to be filed out by the Film Internship Director)

KU Semester: _____ Course: _____307 (UG) _____707 (Grad)

Credit Hours: _____ (every 50 hours worked = 1 semester hour of credit; 6 units maximum)

Signatures:

Student: _____ Date: _____

Internship
Director (KU): _____ Date: _____

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Section 4 – Film Internship Evaluation (to be completed and signed by the supervisor at the sponsoring organization upon completion of the internship)

Student Intern Name: _____

Number of hours completed: _____

Description of work completed: _____

Evaluation of intern's performance: _____

Other comments: _____

Signature:

Internship

Supervisor: _____ Date: _____

Upon completion of the internship, and in order for the student to receive credit, the internship supervisor must complete the Film Internship Evaluation (Section 4) on this page OR write a letter to the Film and Media Studies Department specifying the number of hours of work completed and evaluating the student's performance. The form or letter should be sent to:

Professor Michael Baskett, Film Internship Director, Department of Film & Media Studies, Summerfield Hall, Suite 230, 1300 Sunnyside Avenue, Lawrence, KS 66045