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 Matt Jacobson (mattjaco@ku.edu, or 785-864-1348). 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 Matt Jacobson
   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:    
The University of Kansas – Film Internship

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:

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Evaluation of intern’s performance: ________________________________

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Other comments: ________________________________

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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 Matt Jacobson, Film Internship Director, Department of Film & Media Studies, Summerfield Hall, Suite 230, 1300 Sunnyside Avenue, Lawrence, KS 66045