

This confidential weekly report must be submitted after completion of each 40-hour segment to the Faculty Intern Advisor in the School of Journalism & Mass Communications. Failure to do so may result in No Credit for the course.

Which semester are you are enrolled in?

Fall Winter Spring Summer (year of internship) _____

Student name: _____ SJSU ID#: _____

Organization for Internship: _____
Internship Supervisor: _____

Which week of your internship does this report cover?

1st 40 hrs 2nd 40 hrs 3rd 40 hrs 4th 40 hrs 5th 40 hrs 6th 40 hrs

Is your internship proving to be a valuable experience? Yes No

If "no", why not? _____

Do you need to speak to a JMC School adviser about a concern in the internship workplace or about JMC School procedures?

Yes No

If YES, specify: _____

Please list your internship activities for the week and include an evaluation of them as a learning experience (articles, clippings, tapes and other examples of your work should be attached if available):

Student Signature: _____ Date: _____

Email to the current internship faculty adviser, School of Journalism and Mass Communications, San Jose State University, One Washington Square, San José, CA 95192-0055

Questions? Call the JMC office at 408-924-3240.

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