

**\*STUDENT MUST HAVE SIGNATURE OF DR. NELSON or DR. HILL  
BEFORE STARTING INTERNSHIP**

WRI 470 INTERNSHIP LEARNING AGREEMENT

*Cells are designed to expand as you type.*

Point Loma Nazarene University Internship Program  
Journalism Department Bond Academic Center  
3900 Lomaland Drive  
San Diego, CA 92106-2899  
619.849.2695 (main office)

**Procedure Checklist:**

- \_\_\_\_\_ 1. Meet with PLNU supervisor to discuss internship options.
- \_\_\_\_\_ 2. Begin discussion with job site supervisor to establish initial agreement for internship.  
Work out details with the site contact person.
- \_\_\_\_\_ 3. Finalize initial paperwork and submit copies to your PLNU supervisor.  
Retain copies for yourself and for your site supervisor.
- \_\_\_\_\_ 4. Begin your internship, keeping your learning objectives in consideration as you work.
- \_\_\_\_\_ 5. Meet with your PLNU site supervisor mid-way through your internship to discuss your progress.
- \_\_\_\_\_ 6. Upon completion of internship, give your site supervisor the paperwork to complete.  
Consider asking your site supervisor for a letter of recommendation for your personal files.
- \_\_\_\_\_ 7. Meet with your PLNU supervisor to finalize completion of your internship.
- \_\_\_\_\_ 8. Submit one copy of all completed paperwork to your PLNU supervisor and to the LJML office.

**\*STUDENT MUST HAVE SIGNATURE OF DR. NELSON OR DR. HILL BEFORE STARTING INTERNSHIP**

WRI 470 INTERNSHIP LEARNING AGREEMENT  
*Cells are designed to expand as you type.*

Point Loma Nazarene University Internship Program  
Journalism Department Bond Academic Center  
3900 Lomaland Drive  
San Diego, CA 92106-2899  
619.849.2695 (main office)

Items in RED or marked with \*\*\* are to be completed by the Site Supervisor of the Internship.

**Student**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

University Address \_\_\_\_\_

Home Address \_\_\_\_\_

Major \_\_\_\_\_ GPA \_\_\_\_\_ Fresh \_\_\_\_\_ Soph \_\_\_\_\_ Jr \_\_\_\_\_ Sr \_\_\_\_\_

**Brief Description of Internship**

--

<b>Name of Agency or Firm:</b>
<b>Intern Supervisor:</b>
<b>Phone:</b>
<b>Address:</b>
<b>Intern Assignment:</b>

**Statement of Internship Goals (What do you want to learn from this experience?)**

1.
2.
3.
4.

**Internship Assignment: What you will actually be doing to meet your goals?**

1.
2.
3.
4.

<b>Internship Begins:</b>	<b>Internship Ends:</b>
---------------------------	-------------------------

**Weekly Work Schedule: Record the time you will work.**

Monday	Tuesday	Wednesday	Thursday
Friday	Saturday	Sunday	Other

---

**Signature of Intern Supervisor**

**Date**

**ACADEMIC CONSIDERATIONS**  
(To be completed by the student intern and the PLNU supervisor.)

\_\_\_\_\_  
Faculty Sponsor Department

Course name/number \_\_\_\_\_ Credits \_\_\_\_\_

**Academic Expectations with description**

Paper:	Oral Report:
Project:	Daily Log:
Weekly Progress Report:	Conference:
Other:	

**I have approved this internship for the above student:**

\_\_\_\_\_  
Faculty Sponsor's Signature Date

**In signing this agreement the student agrees to perform the work described above.**

\_\_\_\_\_  
Student's Signature Date

**EVALUATION OF INTERNSHIP EXPERIENCE**  
**(To be completed by the intern at the end of the internship.)**

Name of Intern:
Type of Internship:
Agency or Firm:
Assigned Duties:
Most significant aspect of the internship:
Least significant aspect of the internship:
What would have made this internship more meaningful?
Describe what you perceive to be the educational benefits of the internship.

Would you recommend this internship to a person with similar interests as yours? Why or why not?
--

**EVALUATION OF POINT LOMA NAZARENE UNIVERSITY INTERN**  
**(To be completed by the site supervisor at the end of the internship.)\*\*\***

To Evaluator: The intern you supervised this semester is receiving a grade for their involvement with your business or agency. Your careful evaluation will be used by the faculty supervisor who is responsible for assigning the intern a grade.

**PLEASE RETURN THIS FORM TO:**

Point Loma Nazarene University (PLNU)  
Department of Journalism  
3900 Lomaland Drive  
San Diego, CA 92106-2899  
Dean Nelson: 619.849.2592 [deannelson@pointloma.edu](mailto:deannelson@pointloma.edu)  
or Rick Hill: 619.849.2670- [richardhill@pointloma.edu](mailto:richardhill@pointloma.edu)  
Fax: 619-849-2566

Name of Intern \_\_\_\_\_ Today's Date \_\_\_\_\_

Name of Evaluator \_\_\_\_\_ Position \_\_\_\_\_

Company/Agency \_\_\_\_\_ Phone \_\_\_\_\_

**I. PERFORMANCE EVALUATION**

List tasks performed by intern, and evaluate appropriately: 5=Excellent; 1= Poor: N/A

1. Score:
2. Score:
3. Score:
4. Score:
5. Score:
6. Score:

**II. WORKER'S TRAITS**

General Appearance:
Communication Skills:
Initiative and Resourcefulness:
Emotional Maturity, Poise, Self-Confidence:
Writing Ability:
Dependability:
Ability to work with people:
Recommended Grade:

**ADDITIONAL COMMENTS (Strengths, weaknesses, additional suggestions)**

--

**Point Loma Nazarene University**  
**JOURNALISM INTERNSHIP PROGRAM EVALUATION**  
**(To be filled out by site supervisor after the internship is completed.)\*\*\***

Supervisor/Evaluator \_\_\_\_\_

Company \_\_\_\_\_ Date \_\_\_\_\_

**In the future, would you like to see more active supervision on the part of Point Loma Nazarene University personnel? Yes \_\_\_\_\_ No \_\_\_\_\_**

Explain:

**Would you like more information about the University? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Would you like to arrange to visit the campus? Yes \_\_\_\_\_ No \_\_\_\_\_**

If so, what days and times would be best for you to visit?

**During your involvement with the PLNU intern did you have any ideas that could strengthen our future program?**

Explain:

**What was the least beneficial aspect of working with a PLNU intern?**

Explain:

**What was the most beneficial aspect of working with a PLNU intern?**

Explain:

*Thank you for your help*