California State University
Northridge

Department of Cinema & Television Arts
STUDENT INTERNSHIP INFORMATION

INTERNSHIP SEMESTER: FALL ___ SPRING ___ SUMMER ___ 20____

STUDENT NAME (print): _____
(last) (first)

ADDRESS (during semester): _____
(street)

_____ _____
(city) (zip)

PHONE NUMBERS: _____ H
_____ C
_____ W

AREAS OF INTEREST:

(Check one or number in order of interest, with "1" being greatest area of interest)

RADIO___ MEDIA MANAGEMENT ___
FILM/TECHNICAL___ FILM/PRODUCTION ___
VIDEO/TECHNICAL ___ VIDEO/PRODUCTION ___
WRITING ___ MUSIC INDUSTRY ____
MULTIMEDIA ___ OTHER _____

SKILLS & BACKGROUND:

_____
_____
_____
_____
_____
_____
_____
_____
_____

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INTERNSHIP ORGANIZATION : _____

SUPERVISOR'S NAME : _____ PHONE : _____

ADDRESS : _____
street city zip

NOTES: Put on back of page.