California State University
Northridge

**Department of Cinema & Television Arts**
**STUDENT INTERNSHIP INFORMATION**

INTERNSHIP SEMESTER: FALL ___ SPRING ___ SUMMER ___ 20____

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

EMAIL ADDRESS: _____

ADDRESS (during semester): _____
(street)

_____ _____
(city) (zip)

PHONE NUMBERS: _____ H
_____ C
_____ W

CTVA OPTION:
Check One
RADIO PRODUCTION___ MEDIA MANAGEMENT ___FILM PRODUCTION ___
TELEVISION PRODUCTION ___ FILM THEORY AND CRITICISM___
SCREENWRITING ___ MULTIMEDIA PRODUCTION ____
MEDIA MANAGEMENT MINOR____

SKILLS & BACKGROUND:

_____
_____
_____
_____

In Case of Emergency Contact:
Name:_____
Relationship:_____
Phone:_____

**********

INTERNSHIP ORGANIZATION : _____

SUPERVISOR'S NAME : _____ PHONE : _____

ADDRESS : _____
street city zip

NOTES: Put on back of page.