INTERNSHIP APPLICATION

WFLD/WPWR FOX TELEVISION STATIONS, INC. 205 N. Michigan Ave Chicago, IL 60601 312-565-5532

All qualified applicants (students) will be given equal consideration regardless of race, color, age, gender, sexual orientation, religion, disability or ethnic background.

Please print or type.				
STATE	ZIP	PHONE	PHONE	
EMAIL ADDRESS				
		CITY		
STATE	ZIP	PHON	PHONE	
INDICATE THE SEMEST	TER YOU WOULD LIKE	TO BE CONSIDERED FOR AN I	NTERNSHIP:	
FALL	WINTER	SPRING	SUMMER	
YR.		. YR.	YR.	
REFERRED BY:				
	SCHOOL	PUBLICATION:		
	ON MY OWN	EMPLOYEE:		
University/College Classi				
Junior	Senior			
EDUCATION:		1000500		
UNIVERSITY/COLLI	EGE:	ADDRESS:	MAJOR/MINOR:	
NAME OF PROFESSOR	AND UNIVERSITY/CO	LLEGE INTERNSHIP INFORMAT	TION:	
PROFESSOR'S NAME				
SCHOOL ADDRESS				
TELEPHONE:				
BUSINESS HRS.				
COURSE NAME:				
HOW MANY CREDIT(S)	WILL YOU RECEIVE FO	DR THE INTERNSHIP?		
		ED TO RECEIVE THE CREDIT(S) ?	
HAVE YOU HAD AN INT	ERNSHIP BEFORE?			
IF SO, WHERE:				
HOW LONG?				
WHAT WERE YOUR PR	INCIPAL DUTIES AS AN	I INTERN?		

DEPARTMENT(s) OF INTEREST

Please indicate three(3) Departments of interest with one (1) being your first choice, etc...

SCHEDULE AVAILABILITY

DAY	HOURS	DAY	HOURS	DAY	HOURS		
MON.		THURS.		SAT.			
THES		FRI.	. <u></u>	SUN.			
WED.							
(OTHER TH	REFERENCES INCLUDIN AN RELATIVES):						
ADDRESS			OCCUPATION				
NAME			_PHONE				
ADDRESS							
NAME			_PHONE				
ADDRESS			OCCUPATION				
QUESTIONS: WHAT DO YOU EXPECT TO GAIN FROM THE INTERNSHIP PROGRAM?							
FOR OFFICE	E USE ONLY						
Intervieweu	by:by: by: s to confirm internship by: :: (Dept)		Date.				
(Supervisor)							