INTERNSHIP APPLICATION

WTTG/FOX TELEVISION STATIONS, LLC. 5151 WISCONSIN AVE. NW WASHINGTON, DC 20016

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. NAME							
PRESENT ADDRESS_				CITY			
PRESENT ADDRESS_ STATE)_		
EMAIL ADDRESS				_			
PERMANENT ADDRES	S			CITY			
PERMANENT ADDRESSSTATE		ZIP	ZIP)	
INDICATE THE SEMES	TER YOU WOUL	D LIKE TO	BE CONSIDE	RED FOR	AN IN	TERNSHIP): :
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YR.			YR.				YR.
REFERRED BY:							
	SCHOOL		PUBLICAT	ION:			
	ON MY OWN		PUBLICATION: EMPLOYEE:				
	JOB FAIR:						
	OTHER:						
University/College Class Junior			Senior_				
- Carino			Cornor				
EDUCATION:			***************************************				
UNIVERSITY/COLLEGE:			ADDRESS:				MAJOR/MINOR:
NAME OF PROFESSOR		ITY/COLLE	OF INTERNA		848 TI		
NAME OF PROFESSOR	A AIND UNIVERS	II 1/COLLE	GE INTERNS	DOLL INCOR	IVIA I IV	JIN.	
PROFESSOR'S NAME:							
SCHOOL ADDRESS:							
TELEPHONE: BUSINESS HRS.	-						
BUSINESS FIRS.							
COURSE NAME:							
HOW MANY CREDIT(S							
HOW MANYINTERNSH	IP HOURS ARE F	REQUIRED	TO RECEIVE	THE CRED	DIT(S)	?	
HAVE YOU HAD AN IN	TERNSHIP BEFC	RE?					
IF SO, WHERE:							
HOW LONG?							
WHAT WERE YOUR PF	RINCIPAL DUTIES	S AS AN IN	 ΓERN?				

SCHEDULE AVAILABILITY

<u>DAY</u>	<u>HOURS</u>	DAY	<u>HOURS</u>	DAY	<u>HOURS</u>														
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	REE REFERENCES INC	CLUDING AN INSTRI	JCTOR OR COU	NSELOR															
(OTHER THAN RELATIVES): NAME			PHONE																
OCCUPATIONNAME_			EMAIL ADDRESS PHONEEMAIL ADDRESS																
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WHAT AF	RE YOUR CAREER GC	ALS ?																	
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FOR OFF	ICE USE ONLY					_													
Interviewe				te:															
Interviewe Student n	ed by: eeds to confirm interns	hip by:	_ Da	te:															
	ent: (Dept)																		
•	(Supervisor)																		