

# Mississippi Public Broadcasting

## STUDENT INTERNSHIP APPLICATION FORM

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_

SCHOOL PRESENTLY ATTENDING  
\_\_\_\_\_

MAJOR/MINOR \_\_\_\_\_

EXPECTED DATE OF GRADUATION: \_\_\_\_\_

TIME PERIOD REQUESTED

FALL \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER \_\_\_\_\_

DATES OF INTERNSHIP

\_\_\_\_\_ THROUGH \_\_\_\_\_  
(Beginning Date) (Ending Date)

INTERN HOURS PER WEEK \_\_\_\_\_

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Department Chairman Signature)

\_\_\_\_\_  
(Date)

Mississippi Public Broadcasting is an equal opportunity agency. Discrimination because of race, color, religion, sex or national origin is prohibited.

Please return application to Mississippi Public Broadcasting, 3825 Ridgewood Road, Jackson, MS 39211, ATTN: Internship Program