INTERNSHIP APPLICATION

*Academic Credit*

Please return this application along with your resume to:
FOX 35 Orlando
Attention: Human Resources
wofl-hr@foxtv.com

We are an equal opportunity employer and all qualified applicants (students) will be given equal consideration regardless of race, color, religion, sex, national origin, gender identity, disability, protected veteran status, or any other characteristic protected by law.

Please print or type.

NAME:_______________________________________________________________________
ADDRESS: _____________________________ CITY: _______________________________
STATE: ________________ ZIP: ___________ PHONE: (        ) _____________________

INDICATE THE SEMESTER(S) YOU WOULD LIKE TO BE CONSIDERED FOR AN INTERNSHIP

(   ) SPRING 22___ (   ) SUMMER 22____ (   ) WINTER 22____

REFERRED BY:
_____ SCHOOL  _____ PUBLICATION: ________________
_____ ON MY OWN  _____ EMPLOYEE: __________________
_____ JOB FAIR: _____________________________________________
_____ OTHER: _______________________________________________

UNIVERSITY/COLLEGE CLASSIFICATION:
_____ Freshman _____ Sophomore _____ Junior _____ Senior _____ Graduate Student

EDUCATION:

UNIVERSITY/COLLEGE   ADDRESS   MAJOR/MINOR
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

NAME OF PROFESSOR AND UNIVERSITY/COLLEGE INTERNSHIP INFORMATION:

Professor’s Name: _____________________________________________________________
School Address: ______________________________________________________________
Telephone: ______________________________________________________________________
Business Hours: _______________________________________________________________

COURSE NAME: ________________________________________________________________
How many credit(s) will you receive for the internship? ___________
How many hours are required to receive the credit(s)? ___________
When is your deadline for registration? ___________
Have you had an internship before? ___________
If so, where: ___________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
What were your principal duties as an intern? ____________________________________
_________________________________________________________________________
_________________________________________________________________________

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

News ____  Production _____  Promotion _____  Sales/Research _____
Engineering/Master Control _____  Weather _____  Web _____

SCHEDULE AVAILABILITY

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QUESTIONS:
What do you expect to gain from the internship program?
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

What are your career goals?
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

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For office use only
Interviewed by: _______________________________  Date: _________________
Interviewed by: _______________________________  Date: _________________
Student needs to confirm internship by: ________________________________  Date: _________________
Assignment: (Dept) ________________________________
(Supervisor) ________________________________