



INTERNSHIP APPLICATION

Fox 26 KRIV – My 20 KTXH TELEVISION STATION
4261 Southwest Freeway, Houston, TX 77027

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

NAME: _____
PRESENT ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: _____
EMAIL ADDRESS _____

SEMESTER YOU WANT TO BE CONSIDERED FOR AN INTERNSHIP:

() FALL 20__ () SPRING 20__ () SUMMER 20__

REFERRED BY:

SCHOOL _____ PUBLICATION _____
JOBFAIR _____ EMPLOYEE _____
OTHER _____ ON MYOWN _____

UNIVERSITY/COLLEGE CLASSIFICATION:

JUNIOR _____ SENIOR _____ GRADUATE STUDENT _____

EDUCATION:

University/College _____
School Address _____
Major/Minor _____
Professor's Name: _____
Telephone: _____ Business Hours _____
Email Address _____

COURSE NAME AND NUMBER FOR WHICH CREDITS WILL APPLY:

How many credit(s) will you receive for the internship? _____
How many hours are required to receive the credit(s)? _____

DEPARTMENT(S) OF INTEREST:

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

News _____

Creative Services/Marketing _____

Production _____

Digital _____

Weather _____

SCHEDULE AVAILABILITY:

Day	Hours	Day	Hours	Day	Hours
Mon		Thurs		Sat	
Tues		Fri		Sun	
Wed					

Signature _____

Date ____/____/____