

School of Journalism and Mass Communication

MC 2111-Media Practicum

Enrollment form

For the student: Submit this form to your sponsoring faculty member after you have been hired or accepted by one of the Practicum organizations below.

Student's name: _____

Student's ID number: _____

Student's Texas State email address: _____

Supervising Faculty Member: _____

Practicum located at:

____ The University Star

____ Bobcat Promotions

____ KTSW, 89.9 FM

Semester of Practicum:

Year: _____

____ Fall ____ Spring ____ Summer (first five weeks) ____ Summer (second five weeks)

Scope of Practicum (minimum of 60 hours of work for the semester):

Signature of Faculty Member/Date

Signature of Student/Date

Please submit this form to the SJMC office in OM 102 for a course override that will allow you to register for the course.

This page is not turned in to the School of Journalism and Mass Communication. This form is for the student and faculty member.

