

TV/R 70 ENROLLMENT APPLICATION

SUMMER SESSION 1 and/or 2

Complete this form and submit it to TV/R Office

Today's Date ___/___/___

My Name _____

My Home Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ SS# _____

Number of credit hours completed to date _____

I have taken the following TV/Radio classes:
(circle the ones you have taken)

6.5 16 16.5 17 20 25.1 26.1 27.1 30.5

List any other TV/R classes you have taken _____

I will or plan to intern at : _____

Whose address is: _____

In _____, _____, _____
(city) (state) (zip)

My supervisor will be: _____

And his/her title is: _____

And their phone number is: (____) _____

I will intern there _____ days per week.

My job will be to: _____

(do not write below this line)

Permission Granted _____ yes _____ no

