



**LUND**  
UNIVERSITY

*Department of Communication and Media*

## **MKVA12 Media and Communication Studies: Qualified Work Practice Internship**

### **Information about the applicant**

Surname/Family name:

Given name/First name:

Civic registration number:

E-mail address:

Postal address

Telephone number:

### **Information about the internship**

Host organisation:

Period of internship:

Internship advisor (name and title):

E-mail address:

Postal address

Telephone number:





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## Student Internship Plan

At the completion of the internship at....., during the period from..... to....., the student..... is to have achieved the following goals:

- To have an understanding of how theories of Media and Communication Studies can be applied in practice
- To be able to apply the research methods of Media and Communication Studies in a professional context;
- To have extensive insight into the practical work carried out within the professional realm of media and communication;
- To be able to carry out professional tasks and assignments within media and communication occupations;
- To be able to reflect over the internship and the organisational, social, historical, and professional contexts that shape it;
- To have insight in ethical and gender-related issues in relation to media and communication work settings;
- To have the capacity to identify the need for further knowledge and to develop one's competence within the professional field.

To achieve these goals, .....will:

- Be given the opportunity to actively participate in the host organisation's daily work;
- Be encouraged to work independently as well as with others
- Be assigned tasks of both an analytical as well as a practical nature

During the period of the internship, ..... will have ongoing discussions with his or her advisor. The advisor whose signature appears below will, at the end of the internship, fill out an advisor evaluation of the intern as well as send an advisor's certificate to the Dept. of Media and Communication Studies, Lund University.

.....  
Date Signature of Advisor

.....  
Date Signature of Student

.....  
Date Signature of Course Coordinator