

D

**DEPARTMENT OF COMMUNICATION
BOSTON COLLEGE**

COMM5589 Senior Internship Seminar

REQUIRED for ALL students registering for COMM5589

Name

Eagle ID

Campus Address:

Campus Telephone:

Area/Anticipated Internship Placement:

G.P.A.: _____

Return to:

Christine Caswell
Director of Undergraduate Studies
Department of Communication
St. Mary's Hall South Room S375
Boston College
Chestnut Hill, MA 02467-3859
Phone: (617) 552-6148
Fax: (617) 552-2286

**DEPARTMENT OF COMMUNICATION
BOSTON COLLEGE**

**COMM5589 Senior Internship Seminar
Self-Evaluation Form**

(For the Student)

Intern's Name: _____

In relation to other courses/experiences I have had at

