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**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

