

INTERNSHIP APPLICATION

Attach: unofficial student transcripts, résumé, and proof of internship offer.

1st Semester Intern ____ 2nd Semester Intern ____

Date: _____

Fill in the year next to the appropriate semester in which you plan to enroll in an internship:

Fall 20 ____ Spring 20 ____ Summer 20 ____

Name: _____

Address: _____

Email Address: _____

Cell Phone: _____ Other Phone: _____

Your major(s): _____ Your cumulative GPA: _____

***Required minimum 3.0 GPA**

Number of credits you will have at the time your internship begins: _____

Have you arranged for an internship: Yes ____ No ____ Pending ____ If Yes or Pending:

Name of Agency: _____

Name & Email of Supervisor: _____

Phone: _____ Fax: _____

Website (if applicable): _____

Special skills (computer proficiency, bi-lingual, etc.): _____

Official Use Only:

Internship approved by: _____

Date: _____ Number of credits: _____

Assigned Section: 406 ____ 407 ____ 408 ____