

INTERNSHIP APPLICATION

Name _____ Date _____

College Address _____ Home Address _____

City State Zip City State Zip

College Phone _____ Home Phone _____

College e-mail _____ Home e-mail _____

Major _____ Status: Freshman Sophomore Junior Senior

Overall G.P.A. _____ Advisor's Name _____

Which semester(s) would you like to participate in a internship? FALL SPRING SUMMER

Do you have your own transportation to travel to an internship? YES NO

Would you like to receive academic credit for this experience? YES NO

List major courses completed or presently enrolled in to date:

List your internship preferences:

List 2 professors as references: (you do not need their signatures)

1. _____ 2. _____

Internship positions, by their very nature, require advance commitments on the part of both the student and the firm receiving the co-op student. All applicants requesting positions are to acknowledge this fact and recognize that if they receive the appointment, they have an obligation to fulfill.

Signature _____

Date _____

This application is not complete without a current resume. Please submit your resume along with this application.