



Internship Request Form

1. Normally, students complete an internship after they have taken most/all of their major courses.
2. An Internship Request Form should be submitted to the Internship Coordinator (Room 400) **at least one semester** prior to the desired start of the internship.
3. Students must register for the internship in the semester during which they will complete the internship.

Date _____

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Email Address _____

Year in School

- Freshman
 Sophomore
 Junior
 Senior
 Accelerated Prg.
 Alumni

Area of Study

Major _____ **Minor** _____

Area(s) of Interest

Experience/Skills (Attach résumé or briefly list skills you have)

Continued on reverse

Days available for internship

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Number of hours available per day _____

Desired start date _____

Do you have a car? Yes No

Do you have a current résumé? Yes No

I have received the Internship Manual.

Signature

For Office Use Only

Course Credit: 230 430 495 Other:_____ Not seeking credit

Skills (Indicate Good, Fair, or Poor)

Written _____ Verbal _____ Computer _____

Interview Notes

Placement Steps

Final Placement Information

Internship Coordinator

Date