

STUDENT INTERNSHIP APPLICATION

Please type or print all information clearly

Mr. Ms. First Name M.I. Last Name

Current Address

City State Zip

Phone Number E-mail Address

What is your anticipated goal/outcome with your internship?

Does this internship earn you academic credit?

Yes No

If so, what are the requirements?

Education

School Name	City/State	Degree	Major	Graduation Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employment History

Job Title	Employer	Address	Start/End Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that all statements in this application are true and complete to the best of my knowledge. I understand that false or incomplete information provided, may be grounds for not considering me or for my dismissal.

Signature _____ **Date** _____