

INTERNSHIP INFORMATION SHEET

Attach: **proof of internship offer; unofficial student transcripts, résumé, and copy of ID.**

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: _____ Student ID #: _____

Cell Phone: _____ Other Phone: _____

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

***Required minimum 3.0 GPA**

Your minor(s): _____

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

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 _____