## **INTERNSHIP APPLICATION FORM**

## **GENERAL INFORMATION**

Name:		Phone Number:	Phone Number:	
Address:		Undergraduate or G	Undergraduate or Graduate Student:	
City, State, Zip		E-Mail Address:	E-Mail Address:	
Major:	Minor:	GPA in Major:	Cumulative GPA:	
<b>Expected Date of Graduation:</b>		Hours in major:	Hours in major:	
		Student I.D. Number	Student I.D. Number:	
3. If yes, total numb			e internship course)	
What type of internsl	hip are you looking for? _			
Have you already sele	(Example accounting, a ected an internship site? Y	social work, public relations, et TES or NO	c.)	
If yes, where is your	internship?			
	-	(Please list position, employer,	, city and state)	
If no, where would ye	ou like to do an internship?	?		
		•	, employer, city and state)	
1. To develop know		5 & OBJECTIVES		
2. To develop skills	in:			
		any appropriate faculty advisors to use this form to be made available to prospective or		
		f, my heirs, successors, and assigns, any an niversity harmless with respect to all such		
Signature	2			

Please attach resume and return application to Joanne Rodriguez, <u>jrodriguez4@govst.edu</u> in Career Services, Room C3311

All resumes must be reviewed by a Career Specialist in OCS for final approval If you have questions regarding this application, call 708-235-3974