

INTERNSHIP APPLICATION FORM

GENERAL INFORMATION

Name:	Phone Number:
Address:	Undergraduate or Graduate Student:
City, State, Zip	E-Mail Address:
Major: Minor:	GPA in Major: Cumulative GPA:
Expected Date of Graduation:	Hours in major:
	Student I.D. Number:

1. Semester and year I plan to complete my internship experience _____
2. Is this internship experience for academic credit? YES or NO
3. If yes, total number of hours I will work per week _____
(If you are doing an internship for academic credit, you must register for the internship course)

INTERNSHIP SITE SELECTION

What type of internship are you looking for? _____
(Example accounting, social work, public relations, etc.)

Have you already selected an internship site? YES or NO

If yes, where is your internship? _____
(Please list position, employer, city and state)

If no, where would you like to do an internship? _____
(Please list position, employer, city and state)

GOALS & OBJECTIVES

1. To develop knowledge about: _____
2. To develop skills in: _____

I hereby authorize the Career Services office, its Director, and any appropriate faculty advisors to use this Internship Application Form in my behalf. I grant permission for the information provided in this form to be made available to prospective cooperating organizations furnishing an internship opportunity.

Claim Waiver: I hereby waive and release on behalf of myself, my heirs, successors, and assigns, any and all claims against Governors State University arising out of this internship and agree to hold the University harmless with respect to all such claims, and all costs and expenses relating thereto.

Signature

Date

Please attach resume and return application to Kristina Gray, kgray4@govst.edu 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

