INTERNSHIP APPLICATION FORM

GENERAL INFORMATION

Name: Address: City, State, Zip		Phone Number:	Phone Number:	
		Undergraduate or Graduate Student: E-Mail Address:		
				Major:
Expected Date of Graduation:		Hours in major:	Hours in major:	
		Student I.D. Number	r:	
3. If yes, total number	7 0		ne internship course)	
What type of internsh				
Have you already sele	(Example accounting, s cted an internship site? Y	ocial work, public relations, et ES or NO	^t c.)	
If yes, where is your in	nternship?	(Please list position, employer	c city and state)	
If no, where would yo	u like to do an internship?		a, employer, city and state)	
		(Please list position	i, employer, cuy ana siale)	
1. To develop knowle		& OBJECTIVES		
2. To develop skills i	n:			
		ny appropriate faculty advisors to use this orm to be made available to prospective c		
		my heirs, successors, and assigns, any a iversity harmless with respect to all such		
Signature		- Date		

(Please attach resume and return application to Tracy Jones, Employer Relations & Internship Specialist, at tjones26@govst.edu or hand deliver to Career Services, Room B1215)
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