



APPLICATION FOR INTERNSHIP

NAME: _____ DATE: _____

EMAIL: _____ TELEPHONE: _____

PREFERRED START/END DATE: _____

ACADEMIC STATUS: Sophomore Junior Senior Graduate

COLLEGE/UNIVERSITY: _____

DEGREE IN PROGRESS: Associate Bachelor Masters Ph.D.

AREA OF STUDY: _____

OBJECTIVE FOR YOUR LEARNING EXPERIENCE:

AREA OF INTEREST (choose all that apply): Fiscal Legislative & Legal
Data & Research Marketing & Communications Academic Affairs
For-profit schools Student Financial Aid Student Loan Program

COLLEGE/UNIVERSITY CONTACT INFORMATION (advisor or career specialist):

NAME: _____

EMAIL: _____

TELEPHONE: _____

SIGNATURE: _____