

STUDENT INFORMATION FORM

Name _____ Date _____

Campus Address _____ Phone _____

E-Mail Address _____

Home Address _____ Phone _____

Class Year _____ Number of semesters at ESF _____ Credit hours completed _____

Cumulative Average _____ If average is less than a B, are there any special factors, which you feel should be considered in your case?

What kind of internship experience would you like?

What course work or work experience do you have that you feel will provide background for your proposed internship work?

Do you already have contact with an organization in which you might serve as an intern?

Yes ____ No ____ If yes, list the name and address

Have you registered previously for any internship credit? If so, how many hours? _____

Location desired for internship

Semester seeking internship

Attach a resume. Return completed form to faculty sponsor.