

## APPLICATION

Name \_\_\_\_\_

Campus address and phone number \_\_\_\_\_

Semester of internship \_\_\_\_\_ Location desired \_\_\_\_\_

Expected date of graduation \_\_\_\_\_ Credit hours completed at the end of this term \_\_\_\_\_

Cumulative Average at ESF \_\_\_\_\_ If transfer, average when transferred \_\_\_\_\_

I. Course work I will have completed by the end of \_\_\_\_\_ semester.

Transfer credits (attach list of courses transferred) \_\_\_\_\_

Previous internship credit received: \_\_\_\_\_

II. Briefly describe how you think an internship will enhance your education and influence your long range educational and career goals.

III. What preparation and experience do you believe you have that might contribute to the success of your proposed internship?

Faculty member who has agreed to supervise internship \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_  
(Student)

Date \_\_\_\_\_ Signed \_\_\_\_\_  
(Faculty Member)

***Return completed form to Faculty Sponsor***