

My TV20 INTERNSHIP APPLICATION

All students applying for positions will be given equal consideration for internship positions without regard to race, color, age, sex, religion, disability or ethnic background. Feel free to attach your resume, references & other pertinent information.

GENERAL INFORMATION

NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____
STREET CITY STATE ZIPCODE

TELEPHONE: () _____ EMAIL ADDRESS: _____ EFF. UNTIL: ___ / ___ / ___

PERMANENT ADDRESS: _____
STREET CITY STATE ZIPCODE

PERMANENT PHONE: () _____ U.S. CITIZEN: YES NO

ACADEMIC INFORMATION

COLLEGE/UNIVERSITY: _____

CREDIT HOURS COMPLETED: _____ MAJOR: _____ MINOR: _____

GPA (4.0 SCALE): _____

INTERSHIP INFORMATION

DEPT. APPLYING FOR: _____
1ST CHOICE 2ND CHOICE 3RD CHOICE

STUDENT AVAILABILITY (HRS/WK): _____ HOURS DAILY: from _____ to _____

DAYS: M T W TH F SA SU

HAVE YOU EVER PARTICIPATED IN AN INTERNSHIP PROGRAM BEFORE? YES NO

IF SO, WHERE? _____

DUTIES PERFORMED: _____

WHAT ARE YOUR GOALS? _____

WHAT DO YOU EXPECT TO GAIN? _____

You must submit this completed form along with a cover letter, resume, & references. Please include your advisor's name, address, phone/fax numbers and e-mail address.