

## Student Request to Intern Form

Date: \_\_\_\_\_

Date/Semester to begin Internship: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Internship Sponsor: \_\_\_\_\_

Department: \_\_\_\_\_

Position (if applicable): \_\_\_\_\_

Reason: \_\_\_\_\_

Grade point average: \_\_\_\_\_ EM Focus Area: \_\_\_\_\_

Professional memberships: \_\_\_\_\_

List objectives you wish to accomplish during your Internship:

Type of internship position you are seeking:

Career goals (long term and short term):

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***After submitting this form, arrange an appointment to review the internship sponsor file and to select sponsors in which you are interested.***

Date: \_\_\_\_\_

Sponsor Selected: \_\_\_\_\_

*Signatures:*

Student: \_\_\_\_\_

Advisor: \_\_\_\_\_