

STUDENT INTERNSHIP APPLICATION

What semester(s) are you interested in participating in an internship?

FALL J-TERM SPRING SUMMER YEAR: _____

Name: _____ Circle One: FR SOPH JR SR

Campus Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Cell Phone #: _____ E-Mail Address: _____

Student I.D.: _____

U.S. CITIZEN/PERMANENT RESIDENT F-1 STUDENT VISA OTHER: _____

FACULTY ADVISOR: _____ DEPARTMENT: _____

MAJOR: _____ SECOND MAJOR: _____ MINOR: _____

ANTICIPATED GRADUATION: _____ CURRENT GPA: _____

Internship Credit? Yes No # Internship credits? (circle one) .5 1 1.5

Credit: Toward major _____ Elective _____ I can work approximately _____ hours per week.

An internship provides a valuable opportunity to “try out” an area in which you might possibly pursue a career. Although you do not need to be 100% certain, you should select 3-4 career areas of interest. *If you're having difficulty with this, consider setting up an appointment with a career advisor to discuss your options.*

Do you need to schedule an appointment with a career advisor? Yes No

List in order of preference the type of work (or career area) you'd like to experience in an internship?

1. _____ 2. _____
3. _____ 4. _____

Briefly discuss your reasons for wishing to participate in the Internship Program.

- I wish to receive internship credit and will comply with the requirements to receive *credit*.
- I do not wish to receive internship credit and will participate in an internship for the *experience*.

Student Signature: _____ Date: _____

Return completed form to CPE-A.C. Buehler Library or e-mail to:hollyc@elmhurst.edu

Your next step is to register on www.ECconnect.com and review the Internship Guidelines packet

Completion of this application does not finalize your registration for internship credit. You must obtain a Consent to Register form signed by your advisor and submit it to the Registration office.