



Internship Request Form

First and Last Name: _____

ID Number: _____

Student area of study ACOM AGED AGLE ASTM AEED MS

Classification Freshman Sophomore Junior Senior

Leave blank if you are a graduate student.

Current GPA

Internship Organization: _____

Organization's Mailing Address: _____

Hours Requested: _____

Internship Semester

Year: _____

Spring

Total Internship Work Hours: _____

Summer

Proposed Start Date: __/__/____

Fall

Expected End Date: __/__/____

Preliminary Learning Goals for Internship: _____

Academic Advisor

Department Head

AGED 475V Credit Hours Approved: _____

Date: __/__/____