

# Internship Application Form

## IS 4687

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Applying for (please indicate year)

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer I \_\_\_\_\_ Summer II \_\_\_\_\_

Name \_\_\_\_\_  
(last) (first) (middle initial)

Student ID # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Local Address \_\_\_\_\_  
(street) (city) (state) (zip)

Local Phone \_\_\_\_\_ Permanent Phone \_\_\_\_\_

Permanent Address \_\_\_\_\_  
(street) (city) (state) (zip)

Major \_\_\_\_\_ Minor \_\_\_\_\_

Total Number of Hours Completed \_\_\_\_\_ Overall Texas State GPA \_\_\_\_\_

Are you fluent in a foreign language? Yes ( ) No ( )

If yes, which language(s)? \_\_\_\_\_

Where have you been accepted as an intern?

Business/Agency Name \_\_\_\_\_

Address \_\_\_\_\_  
(street or P.O Box) (city) (state) (zip)

Supervisor \_\_\_\_\_  
(name) (title)

Phone Number \_\_\_\_\_ FAX \_\_\_\_\_

E-mail \_\_\_\_\_

Is the internship paid? \_\_\_\_\_ Unpaid \_\_\_\_\_ Paid. If paid, amount per hour \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this completed Internship Application Form, the Certification and Agreement Form and General Release Form to : The Center for International Studies, Lampasas Hall 503.**