

ECKERD COLLEGE
CENTER FOR THE APPLIED LIBERAL ARTS
INTERNSHIP REQUEST FORM

SECTION I

Name _____ Student # _____
Permanent Address _____
Campus Box # _____ E-mail _____
Permanent Telephone # _____ Local Telephone # _____
Major / Concentration _____ Minor _____
Class Year _____ Anticipated Graduation Date _____
Are you a US citizen? _____ If not, what is your visa status? _____

SECTION II

What type of internship are you seeking? _____
Semester or term in which the internship is to be completed _____
Days and hours you are available for internship work _____

Do you have special scheduling requirements? _____ If so, please explain _____

Do you have private transportation? _____

Do you wish to complete a ____ non-credit ____ credit internship? If credit, please complete Section III.

SECTION III *For Credit-Seeking Students Only:*

Have you secured an internship placement? _____
If so, with what company or organization? _____
Contact person _____
Telephone / e-mail _____

Have you discussed this internship with your mentor or a potential faculty sponsor? _____
If so, with whom? _____

If the proposed internship is unrelated to your major area of study, list relevant courses completed or special skills/experiences that you possess.

Signature of Student _____

Date _____

Please attach a copy of your résumé.