

INTERNSHIP APPLICATION (College Students)



GENERAL INFORMATION

Name _____ Department Desired _____
Dates Available _____ Start Date _____ End Date _____
College – University _____
Graduation Date _____ College Major _____

CONTACT INFORMATION

Home Address _____
City _____ State _____ Zip _____ Phone _____
Campus Address (if living on campus) _____
City _____ State _____ Zip _____ Phone _____

DATES AVAILABLE

Check all time available (approximate hours)

		MON	TUES	WED	THUR	FRI
AM	9:00-1:00pm	_____	_____	_____	_____	_____
PM	1:00-5:00pm	_____	_____	_____	_____	_____

SCHOOL INFORMATION

Internship Coordinator's Name _____
Address _____ Phone _____
City _____ State _____ Zip _____ Email _____

IN CASE OF EMERGENCY

Name _____ Relationship _____
Home Phone _____ Cell Phone _____

FOR STATION USE ONLY

Interview By _____ Date _____
Accepted Yes _____ No _____ Reporting Date _____
Signed _____ Date _____
(Department Head)