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: ________________________________________________________________

Permanent Address: ______________________________________________________________

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.

□ 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-Circle Hall 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.*