

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, 601 University Drive, Derrick Hall 101, San Marcos, TX 78666