

STUDENT INTERNSHIP INTEREST FORM (Return to UNCG Intern Director)

1. Name: _____ Date: _____
2. Address: _____ Phone: _____
3. Major: _____ Minor: _____
4. Advisor: _____
5. Number of credits completed in CST at end of present semester: _____
6. Year (Fresh. Sop., Junior, Senior): _____ Expected graduation date: _____
7. Semester/Year for which internship is desired: _____
8. Number of credit hours desired for internship: _____
9. Type of internship position desired and/or description of skills which you want to develop/apply in the internship:

10. Specific CST courses (and other courses) related to this area?

11. Any related work/personal experience?

12. Agencies to which you have selected to apply or to which you are thinking of applying?
