



## Student Applicant Information Sheet

Name \_\_\_\_\_ Student ID \_\_\_\_\_  
Last First Middle

Hours complete \_\_\_\_\_ Hours completed in Major \_\_\_\_\_ Major  
GPA \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_  
Foreign Language(s) \_\_\_\_\_ Graduation Date \_\_\_\_\_

### Current Residence

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Current Phone #'s \_\_\_\_\_ E-mail \_\_\_\_\_  
Semester(s) applying: \_\_\_\_\_  
Spring/Summer/Fall Year

Faculty Advisor \_\_\_\_\_

### Areas of interest in order of preference:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Are you interested in one day having your own business? Yes \_\_\_ No \_\_\_  
Interested in working for a large corporation? Yes \_\_\_ No \_\_\_  
Interested in working for a small business? Yes \_\_\_ No \_\_\_

Related courses you have completed: \_\_\_\_\_  
\_\_\_\_\_

### Along with this form, please submit the following:

- A typewritten paragraph stating your expectations and goals for an internship experience (please be specific)
- Copies of your resume. Submit your materials to the Internship Coordinator.

Student Applicant Information Continued

I authorize the Internship Program Coordinator of the TCOB to release, to prospective employers, information relating to my academic transcript, resume or educational records when, in the judgment of the professional staff of the department, this information will be of value to my personal and/or professional development and assist in my effective placement in an internship. I understand that to successfully complete and receive credit for the internship I must:

- Work a minimum of 135 hours
- Maintain a daily journal for each day I work that details my impressions
- Complete a Written Report
- Complete an Oral presentation

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Signature

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Date