

UtahStateUniversity™

EASTERN - PRICE

Internship Application

A#:	Today's Date:
Last Name:	Email Address:
First Name:	Telephone:
Present Address	Permanent Address

In case of an emergency who should we contact:

Last Name	First Name
Relationship	
Address	Telephone

Major _____ **Class Level** _____ **GPA** _____

I am interested in an internship in the following area(s):

- | | |
|---|---|
| <input type="checkbox"/> Accounting
<input type="checkbox"/> Automotive Technology
<input type="checkbox"/> Biology
<input type="checkbox"/> Business & Entrepreneurship
<input type="checkbox"/> Building Construction
<input type="checkbox"/> Computer Information Systems
<input type="checkbox"/> Diesel Equipment Technology
<input type="checkbox"/> Criminal Justice
<input type="checkbox"/> Chemistry, Fuels, & Petroleum
<input type="checkbox"/> Engineering & Manufacturing
<input type="checkbox"/> Engineering Drafting & Design | <input type="checkbox"/> Emergency Management
<input type="checkbox"/> Forestry & Water Conservation
<input type="checkbox"/> Geology
<input type="checkbox"/> Geography/Mapping/GIS/GPS
<input type="checkbox"/> Health Professions
<input type="checkbox"/> IT Support & Web Development
<input type="checkbox"/> Journalism/News Media
<input type="checkbox"/> Machine Tool Technology
<input type="checkbox"/> Psychology/Social Work
<input type="checkbox"/> Welding Technology |
|---|---|

Semester desired for internship (*rank 1, 2, 3 with 1 = most desirable*): _____ **Fall** _____ **Spring** _____ **Summer**

I certify that the above information is correct. I agree to abide by and be committed to all the policies regarding internships of the USU Eastern Internship Program *if accepted to this program*. I understand that all of my application materials become the property of the USU Eastern and will not be returned. I give USU Eastern the permissions to release copies of the application and all of its parts to internship programs for selection purposes.

Applicant Signature

Date

Over please

Intern Applicant questionnaire *(for office use only):*

1. Are you currently working? _____
 - a. If yes, where? _____
 - b. Will you use your current employer as the place to conduct your Internship? _____

2. Are you applying for a student internship position? _____
 - a. Which one? _____

3. Where would you *like to do* your Intern work? (list as many places as you desire)

Please **Submit This Application And Your Resume** To The Internship Director, Amy Peters, Located In The Center For Workforce Development (CWD) Building.

Thank you for applying,

Amy L. Peters

Amy L. Peters
 CTE Advisor & Internship Director | Center for Workforce Development
 Professional and Technical Education Division
 Office: 435-613-5225 | Schedule an Appointment: 435-613-5440
 Email: amy.peters@usu.edu

For Office Use Only:

<i>Date</i>	<i>Factor</i>	<i>Status</i>
	<i>Received application</i>	
	<i>Met with Student on</i>	
	<i>Possible Intern Position/Employer</i>	<i>Contacted on:</i>
	<i>Faculty/Co-op Coordinator</i>	
	<i>Interns Major</i>	
	<i>Start/End Date of Internship</i>	
	<i>Intern Placed with</i>	
	<i>Sent "Thank You" to Business for Participation</i>	

Form 11/2015

