

SCHEDULE AVAILABILITY

<u>DAY</u>	<u>HOURS</u>	<u>DAY</u>	<u>HOURS</u>	<u>DAY</u>	<u>HOURS</u>
MON.	_____	THURS.	_____	SAT.	_____
TUES.	_____	FRI.	_____	SUN.	_____
WED.	_____				

**LIST THREE REFERENCES INCLUDING AN INSTRUCTOR OR COUNSELOR
(OTHER THAN RELATIVES):**

NAME _____ PHONE _____

OCCUPATION _____ EMAIL ADDRESS _____

NAME _____ PHONE _____

OCCUPATION _____ EMAIL ADDRESS _____

NAME _____ PHONE _____

OCCUPATION _____ EMAIL ADDRESS _____

QUESTIONS:

WHAT DO YOU EXPECT TO GAIN FROM THE INTERNSHIP PROGRAM ?

WHAT ARE YOUR CAREER GOALS ?

FOR OFFICE USE ONLY

Interviewed by: _____ Date: _____

Interviewed by: _____ Date: _____

Student needs to confirm internship by: _____

Assignment: (Dept) _____

(Supervisor) _____