STUDENT INTERNSHIP INTEREST FORM
(To be completed by student for meeting with faculty)

Name:_________________________________________ Date:________________
Email:___________________________________________
Major:__________________________________________ Minor:____________________
Number of credits completed in CST at end of present semester:________________
Average GPA in CST:_____ Hours Completed:_____ Expected Grad. Date:_____
Semester/Year for which internship is desired: _____________
Number desired intern credit hrs: ___(3 s/h=90 intern hrs); ___(6s/h=180 intern hrs)
Type of internship position desired and/or description of skills which you want to develop/apply in
the internship:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
1. Specific CST courses related to this area Faculty instructor
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
2. Any related work/personal experience?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
3. Agencies to which you have selected to apply or to which you are thinking of applying?
_____________________________________________________________________________________
_____________________________________________________________________________________

(Attach Degree Evaluation from Genie)