



Internship Recommendation Form

Please Print
Student Name _____ SS# _____

Major _____ Phone # _____

E-mail _____

I am currently a:
 Freshman Grad student (Masters)
 Sophomore Grad student (Doctorate)
 Junior Other _____
 Senior

I expect to graduate: Year _____
 Fall
 Spring
 Summer

I would prefer a local internship:
 yes no

I would like to work full-time for the semester:
 yes no

I am willing to relocate for an internship:
 yes no

I would like to work part-time for the semester:
 yes no

I would consider a non-paid internship:
 yes no

I understand that Career Services makes no guarantees that I will be interviewed or offered an internship. I also understand that not all positions posted by Career Services meet departmental internship guidelines. Enrollment in internship credit hours will be determined by my academic department once I have been offered a position. By signing, I acknowledge that I have read and understand the above terms and conditions.

Please attach a current resume.

Student's Signature _____ Date: _____

Faculty Internship Advisor _____

(Please Print)

Recommended:

- Current Internship eligibility
- Insufficient knowledge to determine Internship eligibility at this time
- Do not recommend Internship eligibility at this time

Cum GPA: _____

Comments: _____

Faculty Internship Advisor's Signature: _____ Date: _____

Please return this form to Career Services, Building 19, via the student or campus mail.