

Student name Last First		BVU Internship Supervisor Last First		Term			Coop	Year
				1	2	3	1	20__
				4	5	6	2 3	
BVU ID#		BVU Location		APPLICATION FOR INTERNSHIP				

Major(s) _____ Cumulative GPA _____

Class status: Junior Senior Special

Phone number (At which you can most likely be reached) _____

Emergency Contact (Required) Name _____ Phone _____ Relation _____

Course Information

Dept: _____ Number: 495 496 Title: Internship

How many total credits are you requesting for this internship? _____ The internship is: Paid Unpaid

Have you received credit for prior internships? Yes No If yes, how many credits have you received? _____

Name of Organization _____ Address/PO Box _____ City _____ State _____ Zip code _____

Internship Site Supervisor Name _____ Internship Site Supervisor Title _____

Internship Site Supervisor Phone _____ Internship Site Supervisor E-mail _____ Fax number _____

Did an alumnus refer you to this internship? If so, name of alumnus: _____

Completing this box is required for credit. For assistance, refer to the Internship Resources at bvu.edu/bv/career-services/internships/.

List your internship learning objectives:

1. _____
2. _____
3. _____
4. _____

To receive credit for this internship, three assignments must be completed (written paper, journal, and PowerPoint presentation) in addition to projects assigned by the BVU Internship Supervisor.

Student Signature _____ Date _____

BVU Internship Supervisor's Signature _____ Date _____