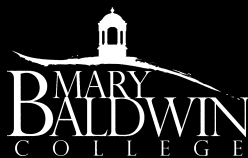


# INTERNSHIP APPLICATION



**ROSEMARIE SENA CENTER**  
Staunton, Virginia 24401  
Phone 540-887-7221 Fax 540-887-7227

*Please type application—you are making 5 copies.*

Name \_\_\_\_\_ Class of \_\_\_\_\_ I.D. \_\_\_\_\_ Telephone \_\_\_\_\_ 287 \_\_\_\_\_  
387 \_\_\_\_\_

Title of Internship \_\_\_\_\_ (This will appear on your official transcript) Name of Supervising Professor \_\_\_\_\_

Name and Address of Sponsoring Organization \_\_\_\_\_

Employer/Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_ Start Date \_\_\_\_\_ Stop Date \_\_\_\_\_

Employer's E-mail Address \_\_\_\_\_ Web Address \_\_\_\_\_

Term(s) and sessions in which credit will be granted: Fall \_\_\_\_\_ Spring \_\_\_\_\_ May Term \_\_\_\_\_ Summer \_\_\_\_\_ Year \_\_\_\_\_ Will you be living on campus? \_\_\_\_\_

Credit requested: \_\_\_\_\_ semester hours (minimum of 50 hours of work = 1 semester hour) *Credit requested for summer session will be billed at summer rates.*

If **not** living on campus, for mail and emergency, please list a forwarding address and phone: \_\_\_\_\_

Specific objectives/purposes of internship (What do I want to learn?)

Methods of evaluation (How will my learning be evaluated?) **You must discuss this with your supervising professor prior to starting your internship.**

Description of daily internship duties (What will I be doing every day?)

*Please obtain the appropriate signatures in the numbered order.*

1. Approval: \_\_\_\_\_ *Employer* \_\_\_\_\_ *Date* \_\_\_\_\_ 3. Student Signature: \_\_\_\_\_ *Date* \_\_\_\_\_

2. Approval: \_\_\_\_\_ *Supervising Professor* \_\_\_\_\_ *Date* \_\_\_\_\_ 4. Approval: \_\_\_\_\_ *Sena Center Staff* \_\_\_\_\_ *Date* \_\_\_\_\_