



WESTERN
ILLINOIS
UNIVERSITY

**Application for Internship
Bachelor of Arts in General
Studies (BGS) Degree Program**

School of Distance Learning,
International Studies, and
Outreach
Horrabin Hall 6
Western Illinois University
1 University Circle
Macomb, IL 61455
Phone: 309/298-1929
FAX: 309/298-2226
www.wiu.edu/BGS

Please type or print clearly

Date: _____

Your Name: _____

WIU I.D. #: _____

Home Address: _____
Street Address City, State Zip

Email: _____ Telephone: _____

Internship Company Name: _____

Address/Location: _____
Street Address City, State Zip

Supervisor: _____ Email and Telephone: _____

Number of semester hours completed toward BGS: _____

Anticipated semester/year of graduation: _____

Number of semester hours requested for internship: (40 work hours equals 1 semester hour of credit) _____

Date of Internship () Fall 20____ () Spring 20____ () Summer 20____

Explain how previous courses and/or prior learning have prepared you for this internship experience and how this internship will prepare you for your career goals. (Use additional pages if necessary.)

_____ I give the degree program staff permission to register me for University 490.

Student Signature: _____



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Proposed Internship Training Schedule BGS Degree Program

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Please type or print clearly

Date: _____

Your Name: _____

WIU I.D. #: _____

Semester Hours requested for Univ 490
(40 working hours equals 1 sh of credit): _____

Internship Start Date: _____ Internship End Date: _____
(One week full-time college level employment [40 hours] for each semester hour credit)

Internship Company Name: _____

Address/Location: _____
Street Address City, State Zip

Supervisor: _____ Email and Telephone: _____

Daily Work Schedule: Start Time: _____ Lunch Period: _____ End Time: _____

Write a summary of your new college level duties and responsibilities. (Use additional pages if necessary.)

Reminder: An internship cannot be granted for current job duties and responsibilities.

Please indicate any times and dates you or your supervisor **will not** be available for an internship visit:

	Date:	Date:	Date:	Date:	Date:
Time:					

Approval:

Company supervisor's signature: _____
Company supervisor's name and title
(please print): _____
Intern's signature: _____

Internship Coordinator's Approval Prior to Registration: This form must be completed and returned with the Application for Internship to Dr. Richard W. Carter, Executive Director, School of Distance Learning, International Studies, and Outreach, Horrabin Hall 6, Western Illinois University, 1 University Circle, Macomb, IL 61455