

INTERNSHIP APPLICATION
Coastal Carolina University

Name: _____
(Last) (First) (Middle) (Student ID #)

Current Address: _____
(Street) (City) (State) (Zip)

Permanent Address: _____
(Street) (City) (State) (Zip)

Permanent Phone: (_____) _____ Cell Phone: (_____) _____

Coastal Email : _____ Alternate Email: _____

Classification: ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate Student

Major: _____ Major 2: _____ Minor: _____ Expected Graduation Date: _____

Overall GPA: _____ Major GPA: _____ (*Student please attach total grades transcript*)

INTERNSHIP DESIRED: (check all that apply)

___ Full-time (30-40 hrs/wk) ___ Part-time (10-20 hrs/wk) ___ Paid ___ Un-paid

___ Credited ___ Non-Credited Position Term: ___ Fall ___ Spring ___ Summer

___ Local ___ National ___ International _____ Location/s Preferred

Focus of Internship: _____

I understand that an Internship is an educational program, NOT a job placement service; therefore, I will fulfill the academic requirements of the program. I understand that if I am seeking course credit for my internship, **I must register and pay tuition** before reporting to the work assignment. Non-credited internships cannot be used to satisfy the internship requirements for academic programs unless specifically approved by the academic department. It is my responsibility to inform my Faculty Supervisor, the Career Services Internship Coordinator, and the employer of any special assistance needed to perform a job due to a disability.

Student Signature: _____ Date: _____

*** FOR CREDITED INTERNSHIPS ONLY ***

I recommend this student to participate in the Internship Program for academic credit. I accept responsibility for providing related academic assignments, communicating with the student and site supervisor in evaluating student's work performance, and assigning a final course grade.

Faculty Supervisor (print name): _____ Department: _____ Date: _____

Faculty Supervisor Signature: _____ Phone: _____ Email: _____