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:

____ Full-time (30-40 hrs/wk) ____ Part-time (10-20 hrs/wk) ____Paid ____Un-paid

____ Credited _____Course/s ____ UNIV 395 Position Term: ____ Fall ____ Spring ____ Summer

____ Local ____ National ____ International _____Preferred Locations

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.

Coastal Carolina University Career Services Center makes no representations or guarantees concerning the employers listing positions or internships through our services. Students should use caution and common sense in applying for, interviewing for, and accepting off-campus positions, always making personal safety and well-being a priority. If you have questions or concerns at any time about an employer or internship provider, consult with the Career Services Center.

Student Signature: _____ Date: _____