INTERNSHIP APPLICATION Coastal Carolina University

Name:					
	(Last) (F		st) (Middle)		(Student ID #)
Current Address:					
Current radioss.	(Street))	(City)	(State)	(Zip)
Dammanant Addmass					
Permanent Address:	(Street))	(City)	(State)	(Zip)
Permanent Phone: ()		Cell Phone: ()	
Coastal Email:			Alternate Email:		
Classification: F	reshman Sop	ohomore Jur	nior Senior	Graduate Stud	dent
Major:	Major 2:	Minor:_		Expected Graduation	on Date:
Overall GPA:	Major GPA: (*Student please attach total grades transcript*)				
INTERNSHIP DESIR	ED: (check all that ap	oply)			
Full-time (30-40	hrs/wk) Part-t	time (10-20 hrs/wk)	Paid _	Un-paid	
Credited U	JNIV 395 Non	n-credited Pos	sition Term: Fa	all Spring _	Summer
Local Na	tional Internati	onal			Location/s Preferred
Focus of Internship: _					
programs unless specif Career Services Intern	ogram. I understand the work assignment. No fically approved by the ship Coordinator, and	hat if I am seeking con-credited internshing academic department the employer of any	ourse credit for my i ps cannot be used to ient. It is my respons y special assistance r	nternship, I must reg satisfy the internship ibility to inform my l needed to perform a jo	gister and pay tuition or requirements for academic Faculty Supervisor, the obdue to a disability.
	s through our services positions, always mak	s. Students should u king personal safety	se caution and comn and well-being a price	non sense in applying ority. If you have qu	g for, interviewing for, and estions or concerns at any
Student Signature:			Date:		