INTERNSHIP REQUEST

SPRING SUMMER FALL WINTER

Please circle semester

____

Application Date Name:

____

CWID #: ____

Marist E-mail: ____

Personal E-mail: ______________________________________

Home Address: Street: __________________________________

___

Checklist for Internship Coordinator

______ Resume

______ Cover Letter

______ Audit GPA Date Check _______

No ___

Advisor Sign-off Four Year Plan & Internship: ___________________

Expected Graduation Date: _____________________

Days Available: Monday __________ Tuesday __________

Wednesday __________ Thursday ___________ Friday ___________

Do you have a car? Yes _____ No_____

Are you studying abroad? Yes ______ No ______

If yes, when? _________________________________

Departure Date: _____________ Return Date: _______________

Are you a Marist in Manhattan student? Yes _____ No _____

Summer Only

Do you want to work full time all summer? ______

If not, which months are you available? June ______ July ______ August ______

Where will you be residing this summer? City ___________________ State ________________

Winter Intercession

Days Available: Monday_______ Tuesday_______ Wednesday_______ Thursday_______ Friday_______ Do you want to work full time over winter break? _____________

Companies you would like to intern with: