



INTERNSHIP APPLICATION

Name: _____
(first name) (last name)

Social Security Number: _____ - _____ - _____

Home Phone Number: (____) _____ - _____

School Phone Number: (____) _____ - _____

Email Address: _____

Permanent Address: _____

City _____ State _____ Zip Code _____

School Address: _____

City _____ State _____ Zip Code _____

College/University: _____

Supervising Faculty Member's Name: _____

Classification (please circle): Senior Graduate

Degree being pursued and major: _____

Please circle the internship session in which you are interested:

Fall Internship Spring Internship Summer Internship

Internship Length (University Requirement): _____

Shirt Size (please circle one - men's size): S M L XL XXL

List any activities that may cause absence from your internship program (work, school, special events, holidays, etc.):

Please submit:

- Forms from your education institution regarding internship requirements.
- Briefly state your future career plans, goals, and objectives on an additional sheet of paper.

During Internship:

Do you need information on area housing? Yes _____ No _____

Your initial application process will be completed when we receive this application and the following:

Cover letter
Resume
Transcript (copy, not official)
Two letters of recommendation
Completed internship application
Proof of personal health insurance
Photo (optional)
Interests worksheet

Thank you for completing this application.

Mail completed application and documentation to:

Dr. Bill Smith, Internship Coordinator
411 N. Washington Street, Suite 1900
Dallas, Texas 75246
Phone: (214) 820-7870