Appendix A
Internship Request Form

Student's name
Last                  First                  Middle Initial

Local Address
Street                City                  State                  Zip

Permanent Address
Street                City                  State                  Zip

WIN#                   Telephone Number:   Day  ________________
                      Evening  ________________

email: __________________________

It is my intention to apply for an internship (check one a provide the year):

[ ] Fall    [ ] Spring    [ ] Summer    Year:  ________________

For my internship I will be enrolled in AC699

If you have identified a company at which you would like to intern, complete the section below.

Company
__________________________________________________________

Company contact: ____________________________________________

Telephone: ________________________________________________