



Desired Position: \_\_\_\_\_

#### INTERSHIP PROGRAM

<https://www.designsbywhite.com/internshipprogram>

[info@designsbywhite.com](mailto:info@designsbywhite.com)

### INTERNSHIP PROGRAM APPLICATION

*Please sign and return your completed internship application.*

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Email: \_\_\_\_\_ Current Phone: \_\_\_\_\_

**Please note:**

**Important correspondence regarding your internship will be sent to you via your email account. Please be sure to check it regularly.**

# INTERNSHIP PROGRAM

## APPLICATION

**NOTE: All fields must be complete for the internship to be considered for credit.**

Your application must be reviewed and signed by your faculty sponsor, site supervisor, and Career Services. International students must have the Director of International Students sign this form *after* the internship has been approved by Career Services.

Student Name: \_\_\_\_\_

Major: \_\_\_\_\_ Citizenship: ☐ U.S. Citizen ☐ International Student

GPA: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_ (please attach a copy of your most recent transcript)

Need internship for credit? \_\_\_\_\_ When? (semester) \_\_\_\_\_

Email: \_\_\_\_\_

Address during internship: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_\_

### Sponsoring Organization

Name of Organization: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_

Title & Department: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

### Faculty Sponsor (full-time instructional faculty)

Name: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

### Internship

Internship Position: \_\_\_\_\_

Internship Session: Fall '\_\_\_\_\_' Spring '\_\_\_\_\_' Summer '\_\_\_\_\_' Hours Per Week: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total # of Hours Needed: \_\_\_\_\_

Major/Concentration in which to register your internship \_\_\_\_\_

## SIGNATURES

**Faculty Sponsor** (Your signature indicates you have met with the student to discuss the position and hours needed, and understand that the grade you assign will convert to a credit/no credit format)

X\_\_\_\_\_

Date: \_\_\_\_\_

**Student** (Your signature indicates that you have read and will abide by the internship policies, understand that the grading system is credit/no credit, and have read the following statement and agree to the terms stated.)

X\_\_\_\_\_

Date: \_\_\_\_\_

**Career Services Internship Coordinator** (Your signature indicates that the student has read the internship policies and procedures, submitted all application materials, and met with their faculty sponsor prior to approval.)

X\_\_\_\_\_

Date: \_\_\_\_\_

**Non-immigrant international students** who plan to secure an internship in the U.S. must consult with and have this proposal signed by the Director of the International Students & Scholars Office.

International Students

Director

\_\_\_\_\_

Date

\_\_\_\_\_