

**Note:**

1. This application form must be submitted before you begin your internship.
2. You cannot begin an internship until it has been approved by the internship coordinator.
3. You must be in good academic standing (minimum 2.5 GPA in ES courses) before you register for ES 409 (practicum) or ES 509 (Graduate Students) or ES 498 (internship).
4. You must get your employer's signature.

**Personal Information**

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Student ID: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Academic Information**

Academic Standing: FR  SO  JR  SR  GRAD   
Major: \_\_\_\_\_  
Expected Graduation Date (Term/Year): \_\_\_\_\_  
Who is your advisor? \_\_\_\_\_  
During what term and year will you enroll to start your internship?  
Fall  Winter  Spring  Summer  Year: \_\_\_\_\_  
Number of Credits & Course Number: ES409 \_\_\_\_\_ ES509 \_\_\_\_\_ ES498 \_\_\_\_\_

**Practicum/Internship Location Information**

Name of Employer/Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Supervisor's Phone: \_\_\_\_\_  
Supervisor's Email Address: \_\_\_\_\_

**Practicum/Internship Overview:**

**Practicum/Internship Description (List of Responsibilities and Outcomes)**

**Practicum/Internship Objectives (In Relationship to Academic and Career Goals)**

**Practicum/Internship Timeline (Estimate of Start/End Dates and # of Hours)**

**Required Signatures:**

I have reviewed the work objectives above and agree that the objectives are attainable and relevant and valuable to this student's career goals.

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Student Signature Date

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Supervisor Signature Date

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Practicum/Internship Coordinator Signature Date