

INTERNSHIP REQUEST

SPRING SUMMER FALL WINTER

Please circle semester

Application Date Name: _____

CWID #: _____

Marist E-mail: _____

Personal E-mail: _____

Home Address: Street: _____

City: _____ State: _____

Home Phone #: _____

Cell Phone #: _____

Major/ Concentration: Merch ___ Design ___ Product Development ___

Business ___ Promotion ___ Other (please indicate) _____

Minor: (please indicate) _____ **Degree:** _____

Advisor: _____

Have you discussed your internship with your advisor? Yes ___ 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:

Checklist for Internship Coordinator

____ Resume

____ Cover Letter

____ Audit GPA Date Check _____

____ *Freshman only -- 350 word essay
Why you should be considered as
an intern prior to your junior year?

Placement: _____

Division: _____

Credits: _____

Appointment Date(s): _____

Contacts Given:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Notes: _____

