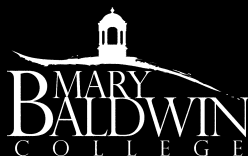


INTERNSHIP APPLICATION



ROSEMARIE SENA CENTER
Staunton, Virginia 24401
Phone 540-887-7221 Fax 540-887-7227

Please type application—you are making 5 copies.

Name _____ Class of _____ I.D. _____ Telephone _____ 287 _____
387 _____

Title of Internship _____ (This will appear on your official transcript) Name of Supervising Professor _____

Name and Address of Sponsoring Organization _____

Employer/Supervisor _____ Telephone _____ Start Date _____ Stop Date _____

Employer's E-mail Address _____ Web Address _____

Term(s) and sessions in which credit will be granted: Fall _____ Spring _____ May Term _____ Summer _____ Year _____ Will you be living on campus? _____

Credit requested: _____ semester hours (minimum of 50 hours of work = 1 semester hour) *Credit requested for summer session will be billed at summer rates.*

If **not** living on campus, for mail and emergency, please list a forwarding address and phone: _____

Specific objectives/purposes of internship (What do I want to learn?)

Methods of evaluation (How will my learning be evaluated?) **You must discuss this with your supervising professor prior to starting your internship.**

Description of daily internship duties (What will I be doing every day?)

Please obtain the appropriate signatures in the numbered order.

1. Approval: _____ *Employer* _____ *Date* _____ 3. Student Signature: _____ *Date* _____

2. Approval: _____ *Supervising Professor* _____ *Date* _____ 4. Approval: _____ *Sena Center Staff* _____ *Date* _____