

FOR OFFICE USE ONLY

Faculty Supervisor: _____
 May Term Internship Application Form
 1-2 page Proposal
 Health Info & Delegation of Consent for Treatment
 May Term Internship Program Release Form



May Term Internship Application

Student Name: _____

Grade Level: Sophomore Junior Senior

Mentor Information:

Name: (First, MI, Last) _____

Title at Organization: _____

Name of Organization: _____

Mailing Address: _____

City State Zip

E-mail Address: _____

Telephone Number: _____

Names of other supervising adults at the work site (if known) (First, MI, Last):

Brief description of what kind of work the organization/mentor does:

Student Information:

Housing: Wagoner Hall Other (Specify) _____

Telephone Number where the student can be contacted: _____

Student e-mail Address (if other than their BSU e-mail): _____

Transportation to Work Site: _____

Anticipated Work Schedule: _____

Essay: Attach a one-page description of your proposed internship experience. Identify who will serve as your mentor, what you plan to accomplish during the May Term Internship Program, and how you will achieve this goal.

I have read the requirements for the May Term Internship Program.

(Signature of student) **Date:** _____

(Signature of Parent/Guardian) **Date:** _____