## HUMANITIES 310wb: Internship Course Application Form – Summer 2006

HOW TO APPLY: Before submitting this application, you must: (I) complete the Student Information section; (II) complete the Internship Information section; (III) attach your internship description as detailed below; (IV) complete the Internship Supervisor Information section; and (V) sign and date the Agreement section. Submit your completed form and attached internship description to Brad Watson in Liberal Arts Career Services (FAC 18).

I. STUDENT INFORMATION	
Name Phone_	
Email GPA	
Major UTEID	
II INTERNACION DECOMATION OF	
II. INTERNSHIP INFORMATION (You must secure your internship by the first class day)	
Title of Internship:	
Internship Location (City, State):	
Is your internship paid or unpaid? If paid, at wh	nat rate?
Does the employer require academic credit?    Yes    No	
Will you be receiving additional UT Austin academic credit for your internship?   Yes   No	
How many hours per week will you work? (Minimum 10 hours/week)	
How many weeks will you work? (Summer 8-10, Fall/Spring 10-12)	
Internship start and end date?	
How did you find your current internship position?   LACS Internship	database 📮 accessUT database
☐ Independent Search ☐ Family/Friend ☐ Other Website	☐ Other
Is this the first time you will be interning for this employer?	
If no, are the duties you will perform during the semester you take the Internship class the same or different from the duties you performed previously?	
Have you had experience as an intern for another employer/organization prior to this internship? $\Box$ Yes $\Box$ No	
If yes, which employer/organization(s)?	
III. INTERNSHIP DESCRIPTION	
On a separate sheet of paper provide a double-spaced, typed, thorough description of the internship including type of work/ responsibilities and how this internship relates to your field of study or career interests. The length of the description should be dictated by your internship supervisor.	
IV. INTERNSHIP SUPERVISOR INFORMATION	
Company/Organization: Departmen	t:
Supervisor's Name Title	
Address City, State,	Zip
Email Phone	
V. AGREEMENT Please Read Thoroughly Before Signing	
I agree to complete my internship as detailed in this application form and understand that if I do not complete my	
hours, leave the internship early or am let go, I will fail the course. Signature & Date:	
For Office Use Only Rec'd By: Date: • Completed Date:	