

Internship Application

Applicant:		
	SS#:	DOB:
Home Address:	Street:	
	City:	Zip:
School Address:	Street:	
	City:	Zip:
Phone:	Home:	School:
	Cell:	Other:
Email:		
Term Applying For:	<input type="checkbox"/> Spring (January-May)	<input type="checkbox"/> Summer (June-August)
	<input type="checkbox"/> Fall (September-December)	
Position:	<input type="checkbox"/> Editorial Staff	<input type="checkbox"/> Graphics
University or College:		
Major:		
Status:		
Current GPA:		
Minor:		
School Activities:		
Journalism & Publications Experience:		
Computer Skills:		
Student Signature:		
	Date:	
Dean/Department Head Signature:		
	Date:	