CAREER SERVICES: ACADEMIC INTERNSHIP APPLICATION Select Term: Spring Summer

CAREER SERVICES PREPARE - CONNECT - SUCCEED						
Name:		C	BU ID:			
Preferred First Name:	Graduation Year:					
CBU Email:		Phone:				
Major:	Minor/Concentration:					
Student Type:	Semester For Co	ourse:	Term:	Overall GPA:		
Number Of Credit Hours:*	Department To Aw	Department To Award Credit: Course S				
*Select "0" if you do not want internships, and the internship			ote that a faculty signature	is not required for "0" credit		
What are your tentative caree	er goals/interests?					
Check any/all that apply:	Student Athlete	Veteran Benefits	Hope Recipient	International Student		
Advisor Name:	Advisor Email:					
Signature Of Faculty Internsh	= =	edging approval of stu	dent to receive academic	credit for internship)		
List internship choices in ord- sites. If you are interested in/l list, please list organization n	have already secured a site		ice Use: Status of Appli	cation		
1.						
2.						
3.						
4.						
5.						

Fall

Year:

All information submitted on this internship application is accurate. I give Career Services staff my consent to release my resume and related documents to an employer on my behalf. By submitting this application, I commit to interning at one of the above named sites. I will commit to the minimum number of required on-site hours (based on major) for a 1, 2 or 3 credit hour course, scheduling my hours throughout the full semester in order to gain a meaningful experience at the internship site.

> Signature Date

In order to complete your academic internship application, you must submit this application along with:

- General Release, Waiver and Indemnity Agreement (please see back of this form)
- One copy of your Resume (a resume review by Career Services staff is highly recommended)

GENERAL WAIVER, RELEASE AND INDEMNITY AGREEMENT (Off-Campus Activities)

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Date Signed & Effective Date