

SAINT LOUIS UNIVERSITY
SCHOOL FOR PROFESSIONAL STUDIES
Internship Application

Date:

Student Information	
Name	ID
Phone Number	Email Address
Desired Term for Internship	# of Credit Hours
Degree Program:	Projected Graduation Date
List coursework to be completed in the <i>same</i> term(s) as the internship: _____ _____	
Internship Site Information (To be completed by student)	
Internship Title:	Organization Name
Site Supervisor's Name (if known)	Address
Phone Number	Email Address
Internship Description (A position description may be attached) _____ _____ _____	
Advisor Checklist	
<input type="checkbox"/>	Student meets the minimum qualifications specified in the internship
<input type="checkbox"/>	Student will enroll in no more than one course, not including the internship, in the same term as the internship unless approved by the appropriate SPS program chair
<input type="checkbox"/>	Student's current resume is attached
Additional Information/Comments: _____ _____ _____	

Please submit this completed form, an internship description, and the student's resume to the appropriate SPS program chair.