**STUDENT INFORMATION**

**Individuals interested in an internship must complete the information below and submit this form to the appropriate department head for consideration. Please visit DePaul’s internship webpage to view departments accepting internship inquiries.**

Student Name

First Last

Address

Email

Telephone

Internship

 Department Location

College/University

 Name Location

Degree/Program

 Name Completion Date

INTERNSHIP DURATION

|  |  |
| --- | --- |
|   |  |
| Start Date | End Date |
| Fall/Winter/Spring/Summer | Semester/Trimester/Quarter |

Amount of Internship Hours Requested

|  |  |  |
| --- | --- | --- |
| Internship Related Course(s) of Study | Faculty Contact | Course Syllabus or Description Provided (Y/N) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Course Credit | 🞏 Yes 🞏 No | If yes, faculty supervisor: |

Placement Interest: Please indicate which department(s) you are interested in observing during your internship.

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|  |

Please indicate any goals or skills you want to achieve during your internship:

Signature

Date