

POLITICAL SCIENCE DEPARTMENT, EASTERN ILLINOIS UNIVERSITY
INTERNSHIP APPLICATION FORM
(Must be completed BEFORE registration).

Course # _____ Credit Hours _____ Term _____

Faculty Internship Coordinator _____

Student Name _____ E-Number _____

Student Address _____

Student Telephone _____ E-Mail: _____

Name and address of cooperative organization, agency, or company:

Name of organization representative _____

Representative telephone # _____ E-Mail: _____

Brief description of proposed internship experience

Number of weeks intern will be working, and internship work hours per week

Method of faculty supervision and evaluation

Proposed by

Student

Approval of Internship

Faculty Internship Coordinator

Agreement on Workload

Department Chair