

Internship Application

Students requesting an internship should complete this form, save a copy, sign it, have their faculty advisor sign it, and submit it to the Center for Career & Professional Development.

Semester/Year of Requested Internship Credit: Fall \Box	Spring Summer Year	
Reduced tuition applies to summer internships only.		
Name	ID Number	
Email	Phone	
Address		
City	State ZIP Code	
Internship Credits Requested: 2 3 4	5 🗆 6 🗆	
Do you have an internship currently? Yes \square No \square		
How would you prefer to receive paperwork?	Pick up in person ☐	
GPA	Internship Credits Earned	
Sophomore \square Junior \square Senior \square	Expected Date of Graduation	
Major	Minor	
Are you a transfer student? Yes \square No \square	Transfer Credits	
Cabrini Credits Completed	Are you a financial aid recipient? Yes \Box No \Box	
Do you need to drop a class? Yes \square No \square	If yes, which class?	
Background Information (for reporting purposes only)		
African American / Black	Mexican American / Chicano	
Asian / Asian American / Pacific Islander	Latin, South, or Central American or Other Hispanic	
Asian / Asian American / Facinc Islander —	Latin, South, or Central American of Other Hispanic —	
American Indian / Alaskan Native	Biracial □	
Puerto Rican \square	Caucasian	
	Other	
Are you a U.S. citizen? Yes ☐ No ☐ If "No," c	omplete a, b, and c. If "Yes," skip a, b, and c.	
a. Country of Citizenship	·	
b. Country of Birth		
c. Type of Visa: F1 (student visa) ☐ Permanent R	_	
o. Typo of visa. The diddent visa) is a fermalient to	Coldent on groon card	

Employment Information

If you have an internship already secured, please complete the following section.

If you found your position outside of the JobSource database, please attach a copy of your job description to this form.

Employer Name			
Employer Address			
City		ZIP Code	
Supervisor Name			
Supervisor Email	Supervisor Phor	ne	
Have you notified your supervisor that you are an in	nternship candidate?	Yes □ No □	
Student Job Title			
Start Date		Salary (if applicable)	
Please provide your work schedule.			
How did you hear about the internship program?			
Student Agreement			
I understand that The Center for Career and Pro	ofessional Development will con	stact my employer to verify employment,	
explain requirements of the program, and deterr	mine their willingness to particip	ate in the internship program.	
I agree to remain a registered student, subject to	o all the rules and regulations of	f Cabrini College and	
The Center for Career and Professional Develop	pment.		
Student Signature		Date	
Student Signature		Date	
Faculty Advisor Agreement			
agree that this student can benefit from and contril	bute to an internship.		
Faculty Advisor Signature		Date	