

**STUDENT INTERNSHIP APPLICATION**

Name: \_\_\_\_\_ Ai Minnesota Program: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Quarter Level: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Company(s) in which you have an interest for an internship:

Company(s) you contacted:

\_\_\_\_\_  
Internship Instructor

\_\_\_\_\_  
Date

When this form is completed, please submit to Career Services.