## Erie Community College

## **Student Internship Application Form**

| Name   | Date                 |
|--|----------------------|
| Address  |                      |
| City   | State                |
| Phone #  | Email                |
| Major  | Overall GPA          |
| Expected year of Graduation  | Available start date |
| Do you have transportation? Yes No List three areas of strength in your field:     |                      |
|  |                      |
|  |                      |
|  |                      |
| Provide the names and addresses of places that you would like to do an internship: |                      |
| Name:  | Address:             |
|  |                      |
|  |                      |
|  |                      |
|  |                      |