

STUDENT INTERNSHIP APPLICATION FORM

Please print and provide all information below.

| Student's Name: | | | | | |
|--|----------------------|-----------|--|--|--|
| Address: | | | | | |
| City: | State: | Zip Code: | | | |
| Home Phone Number: | Cell Phone Number: _ | | | | |
| E-mail Address: | | | | | |
| School Name: | | | | | |
| Student's ID Number: | | | | | |
| List the beginning and end dates you want to do an internship: | | | | | |
| List the days and times you are available for work? | | | | | |
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| What is your current major/area of study? | | | | | |
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| Describe any student organizations, job experiences, additional course work (undergraduate or graduate), skills, degrees, certifications, or licenses that you have that will help you with this internship. | | | | | |
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ISM—Western Washington, Inc.

| Describe your career goals and how this internship will help you reach those goals. Be specific about the experiences you want to gain through this internship and why you believe this internship can provide such an experience. | | | | | | |
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| What is your current status (circle one)? | | | | | | |
| Sophomore | Junior | Senior | Graduate Student | Other | | |
| When do you expect to graduate? | | | | | | |
| - | | | | | | |
| | | | | | | |
| Student Signature: | | | | Date: | | |