



### INTERNSHIP FORM

*Please print clearly*

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Number: \_\_\_\_\_

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

Semester in which internship will be completed:

☐ Fall ☐ Spring ☐ Summer YEAR: \_\_\_\_\_

Major: \_\_\_\_\_

☐ Junior ☐ Senior ☐ Graduate Student

Current FAU UNDERGRADUATE Student GPA: \_\_\_\_\_

Current/Most Recent Academic Standing: ☐ Good Academic Standing ☐ Academic Probation

CCJ Advisor Name: \_\_\_\_\_ Seen on (date): \_\_\_\_\_

CCJ Advisor Signature: \_\_\_\_\_

**\*Please note: students must go see a CCJ advisor within one month of desired enrollment semester. Applications will not be approved without the required signatures.**

For use by The School of Criminology and Criminal Justice

☐ Approved ☐ Denied

Internship Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_