

PELLISSIPPI STATE COMMUNITY COLLEGE
Business and Computer Technology Department

INTERNSHIP APPLICATION

- ACC CSIT-D HSP MGT MKT APT/BUS APT/HCOA
 CSIT-N
 CSIT-P

Name: _____ Student ID #: _____

Full Address: _____

Phones (Home/Work/Cell): _____

Email addresses: _____

Planning to Intern (Please circle choice): Spring Summer Fall Year:

Available hours M-F: _____

Pellissippi State Experience:

Expected Graduation Date: _____ Overall GPA: _____ Major GPA: _____

Organizations/Honors: _____ Advisor: _____

Employment: Are you presently employed? Yes No Hours Per Week: _____

Do you want consideration given to using this employment as your internship? Yes No

(If yes, complete next section. If no, leave blank for internship employment information.) Also, if you already have an internship placement, please complete the following:

Employer/Placement: _____

Supervisor Name: _____

Supervisor Phone/Email/Fax: _____

Intern's Job Duties/Project: _____

Start Date: _____ End Date: _____

Please check the box that best fits your working status:

- U.S. Citizen Permanent Resident/Green Card Student Visa Employment Authorization

This Section to be completed ONLY by Internship Coordinator.	
Initial Meeting	Time Sheets
Application	Eval(s) by Supervisor
Current Resume	Evaluation by Student
Resume (Electronic)	Site Visit
Current Transcript	FINAL REPORT (In lieu of visit)
Job Profile/Agreement	Placement file
	Grade
Requirements Complete: _____ Hired: _____ Starting Salary: _____	