

**PELLISSIPPI STATE TECHNICAL COMMUNITY COLLEGE
Business and Computer Technology Department**

INTERNSHIP APPLICATION

ACC CSIT HSP MGT MKT NETW OST/BS OST/HC

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 plan to use this employment as your internship? Yes No

(If yes, complete next section. If no, leave blank for internship employment information.)

Employer: _____

Supervisor Name: _____

Supervisor Phone/Email/Fax: _____

Intern's Job Duties/Project: _____

Start Date: _____ End Date: _____

This Section to be completed ONLY by Internship Coordinator.

Initial Meeting	Time Sheets or Pay Stubs
Application	Evaluation by Student
Current Resume	Evaluation by Employer
Revised Resume (Electronic)	Site Visit (Date)
Current Transcript	Work Journal (Opt.)
Work or Class Schedule	
Job Profile or Agreement	Grade
Training Plan (HSP only)	Placement File Completed

Requirements Complete: _____ **Hired:** _____ **Starting Salary:** _____

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Other Education:

College Name: _____ Major: _____ Degree: _____

College Name: _____ Major: _____ Degree: _____

Previous Work Experience Related to your major:

List the computer applications/languages with which you are familiar:

What courses do you plan to take along with your internship? (Give course, section and time.)

List types of jobs/tasks, in order of preference, you would desire and feel qualified to undertake as an intern:

1. _____
2. _____
3. _____

List favorite three classes in your major (Give course acronym/number and catalog name):

1. _____
2. _____
3. _____

Upon graduation, what type of job/position do you hope to secure?

List your three best personal traits/strengths:

1. _____
2. _____
3. _____

Please check the box that best fits your working status:

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

Additional information that would aid Coordinator in arranging the best possible internship for you:

Student Information Permission

The Internship Coordinator and faculty members have my permission to provide academic and personal information to potential employers and the Placement Office in order that the best possible internship may be arranged.

Student Signature

Date