Enrollment Form
ETST487 Internship

Date: _____________________

Student Information

Name: ___________________________  Student ID Number: _____________

Email Address: ____________________________

Phone Number: ____________________________

Current GPA: ______

Date of Planned Graduation:

Fall  Spring  Summer

Year: ______

Date of Internship:

Fall  Spring  Summer

Year: ______

Have you taken ETST100?  Yes  No

If yes, what Semester and Year? ___________

Placement Preferences
In order of preference, please list the organizations you are interested in being placed with.

1. ________________________________________________________________

2. ________________________________________________________________

3. ________________________________________________________________

4. ________________________________________________________________

5. ________________________________________________________________
Academic and Organizational Fit

Please describe how the above listed organizations fit with your academic goals.

Why do you consider yourself to be a good fit with the above listed organizations?

What relevant knowledge, abilities, and skills could you bring to the organization that you are placed with? (Please include any language proficiencies).

Do you have any concerns or comments specific to placement with an organization?

Do you have any previous time commitments that would interfere with your ability to meet the internship requirements?

Enrollment in ETST487 is a time commitment to both class sessions and assigned internship hours, by signing below you acknowledge that you understand this commitment.

Student Signature: ____________________________ Date: ____________

Revised September 2015