



STUDENT INTERSHIPS APPLICATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

E-mail Address: _____

Telephone Number of the person to be contacted in an emergency: _____

Academic Data:

Year: Freshman __ Sophomore __ Junior __ Senior __ Graduate __

Declared Major: _____

Declared Minor: _____

Number of Credit hours completed at the start of semester: _____

Grade Point Average at the start of semester: _____

Name of the Faculty Advisor: _____

Will You Get Academic Credit: Yes _____ No _____

Hours you are available per week: _____

Hours you are available to go to gallery: _____

Days you are available to go to Springfield: Mon _ Tue _ Wed _ Thu _ Fri _ Sat _ Sun _

(1) A statement concerning the reasons why you should be selected as an intern.

(2) Any other document that you want to submit in support of your application

Signature of the applicant: _____