

# ACADEMIC INTERNSHIP APPLICATION

Link Associates

Form Number: AI-1 Academic Internship Application

Intern Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

University/College: \_\_\_\_\_

Intern Faculty Supervisor: \_\_\_\_\_

Internship Title/Class: \_\_\_\_\_

Timeline of Internship: \_\_\_\_\_

Number Hours Required: \_\_\_\_\_

Are you seeking:  Full Time  Part Time

Are you seeking an internship that is:  paid  unpaid

Department of Interest: check areas of interests:

Accounting

Case Management

Residential

Vocational

Human Resources

Other \_\_\_\_\_

What are the assigned duties and responsibilities for this internship?

---

---

---

---

---

---

Internship Goals:

1. What are your career goals? \_\_\_\_\_

---

---

2. What do you hope to gain from completing this internship? \_\_\_\_\_

---

3. Are there equipment and/or resources you will need? \_\_\_\_\_

---

4. Are goals for the internship predetermined by the academic institute or will you propose goals?

---

---