



Internship Application

SETON HALL UNIVERSITY

Applicant:

Last Name

First Name

Middle Initial

Current Address

State

Zip Code

Permanent Address (*if different from listed above*)

Preferred Phone Number

E-Mail Address

Academic Background:

Current Academic Program

Credits Completed

Undergraduate Degree/ Major

Undergraduate Institution/ Location

Graduate Degree/ Major

Graduate Institution/ Location

Professional Experience:

Job Title

Institution/ Organization

Start Date – End Date

Proposed Internship Experience:

Institution/ Organization

Department

Institution/ Organization Address

State

Zip Code

Institution/ Organization Contact

Phone Number

Institution/ Organization Contact E-Mail

Proposed Dates of Internship (Start Date – End Date)

References:

Name/ Relationship

Phone Number

E-Mail

Name/ Relationship

Phone Number

E-Mail

Please attach a current resume with application.

Student Signature

Date

Faculty Supervisor Signature

Date

*Please provide placement site with original application.
Copies are required for faculty supervisor and course portfolio.*