## **Student Internship Form**



Please complete and SIGN THIS FORM. Return the form to the Career Services Office at the address or fax number below.

Student Name	Student ID #
Local Street Address	E-mail
City, State, Zip	Local Telephone #
Major	
Graduating Semester (Summer, Fall, or Spring) and Year	Internship Semester (Summer, Fall, or Spring) and Year
I wish to have the Career Services Office send a copy of my resume to prospective internship sponsoring employers WITHOUT NOTIFYING ME IN ADVANCE. I understand that the employer will contact me directly to arrange an interview if interested. YES NO	
TRACKING & STATUS CHECKLIST:	
Seeking Internship	itted
Internship Position Secured Registered for	Internship Course #295 or #495
Notes/Comments:	
Faculty Internship Advisor	Internship Company Supervisor
Internship Company	
Internship Company Location	Internship Position Description/Title
I understand that by signing and returning this form I will be registered wi June 30. It is my responsibility to actively seek internship placement from Services on my internship search. When I am hired, I will notify the Care the Career Services Office an <b>EMPLOYER/INTERNSHIP INFORMATIO</b>	n the job listings and other sources available. I agree to update Career er Services Office - Berks (610) 396-6019. I also agree to submit to
Student Signature:	Date:
Return completed and signed form to: Tish	Jepsen - Coordinator of Career Services

10 Perkins Student Center - Tulpehocken Road - P.O. Box 7009 Reading, PA 19610-6009 Phone: (610) 396-6019 - Email: paj7@psu.edu

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