

Internship Application

Joan B. Kroc Institute for Peace and Justice

(Please type)

Date: _____

Name: _____
(last) (first) (MI)

Email Address: _____

Current Address: _____
(street) (apt.)

(city) (state) (zip) (country)

Phone: _____

Permanent Address (if different from above):

(street) (apt.)

(city) (state) (zip) (country)

Phone: _____

Enrollment Status: _____ Senior _____ Graduate/Professional School
_____ Recent Graduate, degree earned _____

Term Available for Internship: _____ summer (June-August)

_____ fall (September-December) _____ spring (January-May)

_____ other (please list dates of availability and reason) _____

ACADEMIC EXPERIENCE

Undergraduate School(s):

(school)				
(street)	(city)	(state)	(zip)	(country)
(degree/major)		(minors)	(GPA)	(graduation date)

(school)				
(street)	(city)	(state)	(zip)	(country)
(degree/major)		(minors)	(GPA)	(graduation date)

Graduate School(s):

(school)				
(street)	(city)	(state)	(zip)	(country)
(degree)		(GPA)	(graduation date)	
(Thesis Title)				

(school)				
(street)	(city)	(state)	(zip)	(country)
(degree)		(GPA)	(graduation date)	
(Thesis Title)				

Academic Advisor: _____
(name) (department)

Address: _____
(street) (city) (state) (zip) (country)

Email: _____

Are you applying for academic credit for this internship from your institution? _____
(if so, please provide the name of your internship advisor below only if it is different from above)

Internship Advisor: _____
(name) (department)

Address: _____
(street) (city) (state) (zip) (country)

Email: _____

List course work relevant to this internship: _____

Do you speak more than one language: _____ **If so, please list the languages and level of proficiency:** _____

Computer skills: please list specific software applications and proficiency level:

List extracurricular activities and experiences applicable to this internship: _____

4. How did you learn of the internship?

Website	_____
Your school's Career Center's website	_____
Other website (please specify)	_____
Professor	_____
Personal referral	_____
(friend, classmate, etc.)	
Career Counselor	_____
Saw flyer posted	_____
Other	_____
(Please describe)	_____

I hereby give permission to the University of San Diego to share all my internship application information, including the application form, transcripts, recommendations and writing samples, with faculty, staff, work study students and interns who are designated by the university to review internship applications.

Signature

Date

Name - Printed