

## Internship Application

### CONTACT INFORMATION

Student Name		PUID	
Student Email		Phone Number	
Local Address			
Permanent Address			

### ACADEMIC INFORMATION

Major(s):			
Minor(s):			
Year		Cumulative GPA:	
Academic Advisor		Email	

### INTERNSHIP INFORMATION

Internship Position:			
Agency/Organization:			
Address:			
Contact Person:			
Start Date:		End Date:	
Internship Position Duties			

Complete and return this form to: Eric Waltenburg, Professor of Political Science and Internship Director ([ewaltenb@purdue.edu](mailto:ewaltenb@purdue.edu)).

Initialing each of the following indicates your acceptance of the statement

1. I understand that I am responsible for having the internship provider complete and send in the required form. \_\_\_\_\_
2. I understand that I must fulfill all my obligations with the internship provider in order to receive course credit. \_\_\_\_\_
3. I understand that I should check with Professor Waltenburg immediately in the event of any major problem at the internship provider or with any other aspect of the internship. \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_