

**INTERNSHIP PROGRAM APPLICATION (Appendix 1)**

**Semester of Enrollment**

**Deadline for application**

Summer

April 15

Fall

July 15

Spring

November 15

<b><u>Information needed</u></b>	<b><u>Please supply information in the appropriate cell</u></b>
Name:	
University of Arkansas ID #:	
Cell phone number	
Permanent of home address:	
Phone number of parent, guardian or next-of-kin:	
Date applications completed:	
Credit hours completed to date:	
Cumulative GPA:	
Academic Advisor	
Internship Advisor	
Number of internship hours you seek:	

- Please attach an unofficial transcript of your previous course work.
- Please attach a current copy of your resume and if applicable, a copy of the cover letter which you have sent to the Internship Provider.