Office Use Date received:

Staff member's initials:



**Internship Application – Spring 2019** 

Name	Rhodes ID	Class
Preferred Name	Email	
Current Phone		
Major Overall O	GPA Major G	GPA(optional)
Number of credit hours desired	(Must register for $1 - 4$ credits; 0 c	
Do you have your own car or access to private Please note that you are responsible for sec		
Department to award credit		
Signature of Faculty Sponsor		
List internship choice in order of preference.	Office Use: Statu	s of Application
1		
2		
3		
4		
5		

I pledge that all information submitted with this internship application is accurate. I give Career Services staff my consent to release my resume and related documents as requested to an employer on my behalf. I understand that this program is for academic credit and I will not accept nor expect remuneration, financial or otherwise, from Rhodes or the employer. I also understand that the academic internship cannot be used to fulfill a requirement of another class or program.

Signature

Date

Your resume must be submitted with this application AND emailed to <u>internships@rhodes.edu</u> in order to be considered. Your resume should be one page. Deadline: October 12<sup>th</sup> at 5 PM or until all positions are filled.