

Office Use Date received:

Staff member's initials:

Name		Rhodes ID		Class
Preferred Name		Email		
Current Phone		_		
Major	Overall GPA		Major GPA	(ontional)
Number of credit hours desired	(Must r	egister for 1 – 4	4 credits; 0 credit is not	acceptable)
Do you have your own car or access to private transportation (not including public transportation)? Yes No Please note that you are responsible for securing your own transportation to and from your internship site.				
Department to award credit				
Signature of Faculty Sponsor				
List internship choice in order of p	reference.		Office Use: Status of Ap	plication
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: Friday, March 1st at 5 PM or until all positions are filled.