

ILLINOIS STATE UNIVERSITY
DEPARTMENT OF POLITICS & GOVERNMENT
PROFESSIONAL PRACTICE APPLICATION FORM

Student Name _____ UID# _____

School Address _____

Telephone (_____) _____

ISU Email Address _____

Home (Permanent) Address _____

Home (Permanent) Telephone (_____) _____

Alternate Email Address _____

Grade Point Average (can be obtained on Icampus) _____ Cumulative _____ Major _____

Major _____

Year in School: Freshman Sophomore Junior Senior

Internship Semester Desired: Spring Summer Fall Year _____

Credit Hours Desired (1 credit hour = 45 hours of actual work) _____

Type of Internship Desired _____

Location Preferred _____

If you have been in contact with an agency regarding internship, please describe:

Do you have any physical or mental condition which may affect placement or internship performance? If so, please describe: _____

I wish to be considered for the internship named above and certify the information on this form is correct. I authorize the faculty advisor to access my academic files for advisement purposes.

Signed: _____

Date: _____

RETURN FORM TO: Dr. Riverstone-Newell

Form must be returned prior to registration as Dr. Riverstone-Newell needs to approve the internship and put the override into the computer system.