

Internship Registration Form

Albany State University Office of Career Services

PERSONAL DATA

NAME: _____ DATE: _____
LAST FIRST INT MM/YY/DD

RAM ID NUMBER

STUDENT PHONE NUMBER

STUDENT ASU EMAIL

☐ I give permission to receive SMS Text Messages

☐ I do NOT give permission to receive SMS Text Messages

ACADEMIC INFORMATION

COURSE: _____
COURSE ABBREVIATION AND NUMBER WITH SECTION (FOR EXAMPLE, MATH 1101A)

INSTRUCTOR NAME: _____
LAST FIRST

MAJOR

CLASSIFICATION

COURSE REQUIREMENT

INDICATE REQUIRED

CAREER INTEREST

NUMBER OF HOURS FOR
INTERNSHIP

PURPOSE FOR INTERNSHIP:

BACKGROUND CHECK CODE

- Are you able to successfully pass a background check? ☐ Yes ☐ No
- Do you have a valid Drivers? ☐ Yes ☐ No
- Do you have reliable transportation? ☐ Yes ☐ No

CAREER INFORMATION

- Have you attended the Internship Seminar? ☐ Yes ☐ No
- Do you have an approved resume from Career Services? ☐ Yes ☐ No
- What field or type of experience are you interested in for the internship experience?
- _____

HOW MANY HOURS PER WEEK ARE YOU AVAILABLE TO COMMIT TO THE INTERNSHIP? _____

DATE AVAILABLE: _____

START DATE END DATE

REFERENCES

List two references from the campus. References can be either academic or administration

REFERENCE ONE NAME: _____

LAST FIRST

REFERENCE TWO NAME: _____

LAST FIRST

AUTHORIZATION

I attest the information provided is true and accurate. If changes occur, I will follow-up with the Office of Career Services to update my information. (Type in your RAM ID/Last, First Name)

NAME: _____ RAM ID: _____

LAST FIRST