



Women's and Gender Studies Program Internship Application

Date of Application: _____

Semester of Internship: _____
(Indicate year, and Fall, Spring, Summer 1, 2, or 10-week session)

Number of Credit Hours: _____

Student Information

Student's Name: _____

UIN: _____

Major and Minor: _____

Email Address: _____

Local Address: _____

Classification: _____ Telephone: _____

Faculty Sponsor Information

Faculty Name: _____

Faculty Email Address: _____

Faculty Telephone: _____

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Internship Location & Supervision Information

Internship Agency/Organization: _____

Address: _____

Internship Starting Date: _____

Internship Ending Date: _____

Number of Hours/Week: _____

Pay Rate, if Any: _____

Supervisor Name: _____

Supervisor Email: _____

Supervisor Telephone: _____

Supervisor Signature: _____

Please note: The Faculty Sponsor will send a mid-term evaluation email and a final evaluation email to the supervisor. The Supervisor agrees to respond to each email with a brief evaluative statement. The Women's and Gender Studies Program sincerely appreciates the participation of the supervisor!

What duties will you perform as an intern at this organization? (Attach additional sheets if necessary): _____
