

**APPLICATION FOR INTERNSHIP**  
**THIS FORM MUST BE TURNED IN TO REGISTRAR**

TERM \_\_\_\_\_ YEAR \_\_\_\_\_

Office of Career Services  
Converse College  
580 East Main Street  
Spartanburg, SC 29302  
(864) 596-9027PH/(864) 596-9146fax

All student interns are responsible for proper completion of this form. This application **must** be on file before internship begins. Please TYPE or PRINT neatly. Complete all requests for information.

Name \_\_\_\_\_ SS# \_\_\_\_\_

Class: F S J S      Converse II: Y N      Anticipated graduation date \_\_\_\_\_

E-mail address \_\_\_\_\_ Telephone \_\_\_\_\_

Major \_\_\_\_\_ Minor/Elective \_\_\_\_\_

Residence During Internship \_\_\_\_\_

Address

City

State

Zip

Faculty Director \_\_\_\_\_

Agency Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Ph# \_\_\_\_\_ Employer/Company \_\_\_\_\_

Company Mailing Address \_\_\_\_\_

Email contact address \_\_\_\_\_

Hours per wk. \_\_\_\_\_ Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Work Schedule \_\_\_\_\_

**CREDIT ARRANGEMENTS:**

Course No. and Title

Credit Hours

Type of Credit

**THESE ARRANGEMENTS ARE APPROVED BY:** \_\_\_\_\_

1. Signature of Faculty Director \_\_\_\_\_

Date signed \_\_\_\_\_

I have read and understand procedures and policies regarding internships as explained in the internship book.

3. Signature of Student Intern \_\_\_\_\_

4. Signature of Registrar \_\_\_\_\_

Date signed \_\_\_\_\_

Date signed \_\_\_\_\_