

Internship Enrollment Form Department of Urban and Professional Studies Criminal Justice Internships

NAME:	DATE:
STUDENT ID: MAJOR:	
ADDRESS:	
HOME PHONE: CELL PHONE:	
UNT EMAIL:	
OTHER EMAIL:	
Semester you want to intern: Fall Spring Summ	er Year
Emergency Contact Information	
NAME: RELATIONSHIP:	
ADDRESS:	
HOME PHONE: CELL PHONE:	
OTHER:	

Have you already arranged an ir	nternship? Ye	es No	
If so, please fill in the following information once the internship that your agency has provided	hip has been obtain	ed. Please pr	ovide any documentation
Agency:			_
Supervisor:			
Phone:	Fax:		
Supervisor email:			_
Please list in order of preference or the general area or field	_		=
1.	3		
2	4		
Please list special skills you languages you speak, or licenses		iter progra	ms you can operate,

To complete your application, please provide:

- o Resume
- o Request for academic credit
- Personal statement
- o Plan for completion
- Liability release