



## University of Louisiana Monroe Student Internship Application

The University of Louisiana at Monroe Office of Academic Internships • 700 University Avenue  
Monroe, LA 71209 • (318) 342-1144

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student ID \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Major \_\_\_\_\_ GPA \_\_\_\_\_

E-mail Address \_\_\_\_\_

Local Address \_\_\_\_\_

Local Phone Number \_\_\_\_\_

Permanent Address \_\_\_\_\_

Permanent Phone Number \_\_\_\_\_

Are you planning to use this internship as credit towards a degree?  Yes  No

Indicate the number of internship/ co-op hours you have already earned toward your degree: \_\_\_\_\_

Do you have a resume?  Yes  No

Would you like assistance polishing or preparing a resume?  Yes  No

When are you interested in having an internship?  Summer \_\_ (yr.),  Fall \_\_ (yr.),  Spring \_\_ (yr.)  
(Check all that apply.)

What locations interest you?  Local  Regional  National  International (Check all that apply.)

What kinds of internship work assignments interest you? \_\_\_\_\_

How many hours (specify per week, per semester, etc.) do you want to work? \_\_\_\_\_

List relevant work experience: \_\_\_\_\_

List work-related skills: \_\_\_\_\_

List 3 companies/agencies where you would like to have an internship: \_\_\_\_\_