**Personal Information**

|  |  |
| --- | --- |
| First Name:       | Last Name:       |
| Student ID Number:       | E-mail Address:       |
| Address:      City, State Zip:       | Current Phone Number:       |
| Have you worked for or interned for the Department of Recreation & Wellness in the past? [ ]  Yes [ ]  No |  |

Internship Area Applying for:       Term (Fall, Spring, Summer) Applying for:

**Education**

CSU Student - Number of credits you are registered for this term:

Non CSU Student – Name of University/College & Academic Program:

Class Standing: [ ]  Freshman [ ]  Sophomore [ ]  Junior [ ]  Senior [ ]  Post-Bac. [ ]  Graduate

|  |  |
| --- | --- |
| Major:        | Minor(s):        |
| Expected graduation date:       | Is this for academic credit? [ ]  Yes [ ]  No |

Describe your previous experiences and skills that will benefit the Department of Recreation & Wellness.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe computer skills and knowledge of software applications.

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Explain how a potential internship with the Department of Recreation & Wellness contributes to your chosen career.

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**References**

**Please list your references (i.e. professors, employers, etc.)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Email Address: | Telephone: | Relationship: |
| 1.       |       |       |       |
| 2.       |       |       |       |

**How did you hear about our intern positions?**

 [ ]  Department of Recreation & Wellness website [ ]  Word of mouth

 [ ]  Publication (which one?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Academic Department (which one?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Faculty Member (which one?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To the best of my knowledge, the information that I have furnished on this application is true and correct. I realize that intentional falsification of statements on this application will subject me to being disqualified as a Department of Recreation & Wellness internship applicant and if selected for the internship, to immediate dismissal. By typing my name below, I hereby give the Department of Recreation & Wellness office permission to verify my GPA and credit enrollment status.

Type Name:       Date

**Please attach a copy of your current resume and cover letter stating why you have a desire to become a student intern with the Department of Recreation & Wellness to this application.**