

**Hobart and William Smith Colleges
Collaborative Internship Program**

Student Application

Personal Information

Name: _____ Student ID Number: _____

Campus Box: _____ Campus Phone: _____ E-mail: _____

Home Address: _____

Home Phone: _____ Home E-mail: _____

Academic Information

Declared Major: _____ Advisor: _____

Declared Minor: _____ Advisor: _____

Class Year: _____ Overall GPA: _____

Are you admitted to the Teaching Certification program? Yes No

Internship Information

Academic area of internship sought (e.g., psychology, public policy, computer science):

Internship(s) applying for (list worksite and project):

Student Signature: _____ Date: _____

Please return to Brandi Ferrara at the **Salisbury Center for Career Services, 1st floor of Trinity Hall, by the end of the add/drop period.**

If you choose to apply to more than one worksite, please rank your choices (1st, 2nd, 3rd) so that the Faculty Review Committee knows your preferences.
