

Oshkosh Community Media Services Internship Application

(PLEASE PRINT)

Name: _____
Address: _____
City/State: _____ Zip: _____
Phone: (____) _____ - _____
Email: _____

Your School: _____
Year in school: _____
Internship Coordinator: _____

Previous Employer/Reference Person:

Company: _____
Reference Person's Name: _____
Address: _____
City/State: _____ Zip: _____
Phone: (____) _____ - _____

- For which semester are you applying for your internship?
Circle one: **SPRING** **SUMMER** **FALL**
- How many credits do you intend to receive for your internship? _____
- Do you meet the criteria your school has set up for internship/advanced study? _____
- When are you available for an internship? _____

- Do you have a valid Driver's License? _____
- Why would you like to intern for OCMS? _____

I assure that the above information is correct and complete to the best of my knowledge.

Signature: _____ Date: _____