



Wartburg College Internship Interest Form

Student Name: _____ Date Submitted: _____
Email: _____ Year in College: _____
College Major: _____ CUM GPA: _____
College Address: _____ Phone: _____
Home City and State: _____
Academic Advisor: _____
Faculty Advisor for the Internship, if different from above _____
Have you already met with your Academic Advisor about this internship? _____ Date of Mtg _____
Academic Credit: Yes _____ No _____ How many credits? _____ Resume Completed: Yes _____ No _____
Expected Term & Year for Internship: Fall _____ Winter _____ May _____ Summer _____

Areas of Interest for Internship: _____

Specific Internship Site Placements/Locations Requested or Desired:

List of Special Skills You Possess (i.e. Computer Skills/Software Programs, Foreign Language, etc.):

Willing to Travel: Yes _____ No _____ In State _____ Out of State _____ Car Available: Yes _____ No _____

Any Restrictions, Limitations, or Accommodations (i.e. health, physical, etc.):

If an internship required a background check, is there anything that would appear on your record? No _____
If Yes _____ Please explain. _____

Class Schedule for Term of Internship:

Actions Taken (to be completed by Internship Coordinator):

Please bring completed **Internship Interest Form** and **Resume**, if completed, to your scheduled meeting with the Internship Coordinator:

Jo Dorrance
Wartburg College Internship Coordinator
Center for Community Engagement
Vogel Library 204
319-352-8698
jo.dorrance@wartburg.edu

To schedule a meeting, call Ext. 8444 or email Jo Dorrance directly.

