

SouthArk Works Internship Application

Name: _____ ID# _____

Cell phone: _____ Home phone: _____

Student e-mail (print clearly): _____

Student mailing address: _____

Semester Seeking Internship: _____ Fall _____ Spring _____ Summer

Cumulative GPA: _____ Major: _____

READ THIS BEFORE SIGNING BELOW: I have read and agree to meet and comply by all of the Internship Policies; and I also understand that if I am accepted into the internship program I will be responsible for all internship requirements as outlined in Internship Packet.

Student's Signature: _____ Date: _____

Internship Coordinator's Signature: _____ Date: _____