

NAME

WKU ID NUMBER

EMAIL ADDRESS:

PHONE:

NUMBER OF
ACADEMIC HOURS
COMPLETED:EXPECTED
GRADUATION DATE:

MAJOR:

SECOND MAJOR:

OVERALL GPA:

GPA IN MAJOR:

FACULTY ADVISOR:

FACULTY INTERNSHIP
SUPERVISOR:NAME OF
INTERNSHIP
ORGANIZATIONNAME OF EMPLOYER
SUPERVISOR:SUPERVISOR EMAIL
ADDRESS:SUPERVISOR PHONE
NUMBER:START DATE OF
INTERNSHIP:END DATE OF
INTERNSHIP:**CAREER OBJECTIVES:****APPLICATION SUBMISSION:**

Please email this application and your unofficial transcript to your faculty internship supervisor and ask your employer to complete the Employer Learning Contract.