

STUDENT INFORMATION

Last Name	First Name	M.I.	Date
Street Address		Apt/Unit #	
City	State	ZIP	
Phone	Baruchmail Address		
Expected Date to Enter into a Baruch School (semester/year)		Zicklin <input type="checkbox"/> Weissman <input type="checkbox"/> SPA <input type="checkbox"/>	Anticipated Major: _____
Expected Graduation Date	Cumulative GPA	# of Credits Accumulated	
Status: <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> F-1 Visa <input type="checkbox"/> Other _____			

COURSE APPLICATION INFORMATION

Semester	Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>	Year	# of Credits during Semester:	Paid Internship <input type="checkbox"/>
				Unpaid Internship <input type="checkbox"/>

INTERNSHIP HOURS SLIDING SCALE

Fall & Spring Semester

<u>Course Load</u>	<u>Hours of Internship Work</u>
12 or less credits	Up to 20 hours per week
15 credits	Up to 15 hours per week
18 or more credits	Permission will not be granted

During Summer or Winter sessions, students may work additional hours if not enrolled in classes

PLACEMENT INFORMATION & GOALS

Supervisor Name	Title
Company	Phone ()
Address	

Complete on other side →

Type of Business or Purpose of Organization	TOTAL HOURS PER WEEK:
Briefly describe your rationale for choosing this internship opportunity and demonstrate its relevance to your career goals.	
Please verify that the information provided herein is accurate by signing below.	
Student Signature	Date