

INTERNSHIP APPLICATION
Department of Criminology
Indiana University of Pennsylvania

Summer (Year) of Internship Desired: _____ Application Date: _____

Name: _____

Banner #ID: _____ Date of Birth: _____

Campus/Local Address: _____ Permanent Address: _____

Local Phone: _____ Cell Phone: _____

IUP E-mail: _____ Other E-mail: _____

Can you relocate for internship? _____ Car available? _____

Projected Graduation Date (Month/Year): _____

What are your interests for this internship and your future career?

Have you made any contacts? _____ If Yes, Date of Contact: _____

Agency Name: _____

Agency Address: _____

Contact Person: _____ Phone #: _____

At the time of starting the expected internship:

Total credit hours completed (minimum of 60 is required): _____

Total criminology credit hours completed (minimum of 12 is required): _____

Current Overall GPA (minimum of 2.5 is required): _____

Current Major GPA (minimum of 2.75 is preferred): _____
