

REQUEST FOR INTERNSHIP

Internship: Information Assurance

Name _____ Date _____

Major _____

E-Mail Address _____

Summer Address _____

School Address _____

Expected Graduation Date _____

Fall / Spring / Summer (circle one) _____ Year

Course Number _____ Number of Credit Hours requested _____

Beginning Work Date _____ Ending Work Date _____

Name of Employer/Business: _____

Describe the internship experience you expect to receive: List specific projects and/or tasks.
If a job description is available, submit with application. (Attach additional pages if more space is required)

Student Signature: _____ Date _____

Supervisor's Signature: _____ Date _____

MSIA Program Coordinator: _____	Date _____	Credit Recommended Yes ___ No ___	# of Hours _____
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