



BRIDGEWATER COLLEGE

Bridgewater, Virginia

Office of Career Services

402 East College Street • Box 35

Bridgewater, VA 22812

PHONE (540) 828-5369 • FAX (540) 828-5693

INTERNSHIP APPLICATION

Please type or print clearly

STUDENT INFORMATION

Name _____ Class of _____

Major / Concentration _____ Cooperating Professor _____

Campus Box # _____ Phone Ext. _____ Email Address _____

Term Internship is desired: Fall ___ Interterm ___ Spring ___ Summer ___ Start Date _____ Stop Date _____

Living on campus? _____ If no, please list forwarding address and phone _____

EMPLOYER INFORMATION

Title of Internship _____ Site Supervisor _____ Phone # _____

Name / Address of Sponsoring Organization _____

Supervisor's Email _____ Organization Web Address _____

INTERNSHIP OBJECTIVES

Purposes of internship (What do I want to learn?)

Description of internship duties (proposed daily activities and special projects)

Please obtain the appropriate signatures in the numbered order:

1. Approval: _____
Employer *Date*

3. Student Signature: _____
Date

2. Approval: _____
Cooperating Professor *Date*

4. Approval: _____
Director of Career Services/Internships *Date*

