



**SCHOOL OF CRIMINOLOGY  
AND CRIMINAL JUSTICE**

College for Design and Social Inquiry  
Florida Atlantic University

**INTERNSHIP FORM**

*Please print clearly*

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Number: \_\_\_\_\_

Semester in which internship will be completed:

Fall     Spring     Summer    Year: \_\_\_\_\_

Major: \_\_\_\_\_

Junior     Senior     Graduate Student

For use by the School of Criminology and Criminal Justice

Approved     Denied

Internship Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_