

Internship/Student Learner Application

Personal Information

Name:

Address:

City: State: Zip Code:

Phone: Email:

DOB:

Do you currently work at Prairie View? Yes No

Have you ever worked at Prairie View? Yes No

Have you ever received services from Prairie View? Yes No

If so, at what location did you receive services?

Has a family member ever received services from Prairie View? Yes No

College/University Attending:

Which degree are you pursuing? Bachelor's Master's Doctoral

Major/Discipline:

Graduation Date: Post Grad License:

What kind of internship are you seeking?

of total on-site hours needed?

of direct hours needed? # of non-direct hours needed?

What are the requirements of your internship program? (If you have a document explaining the requirements, please attach with this application.)

Name of school overseeing internships: _____

Phone: _____ Email: _____

Is there a specific Prairie View department/person you have already been in communication with regarding an internship? Yes No

Name: _____

Department: _____

Do you plan on living in the Newton/Wichita/McPherson County/Marion County/Harvey County area during your internship? Yes No

Do you plan on living in the Newton/Wichita/McPherson County/Marion County/Harvey County area following graduation? Yes No

Tell us about yourself. (You may attach a separate sheet.)

What are your plans following graduation?

How long would you like your internship to last? _____

From: _____ To: _____

When can you start? _____

What is your availability to work on a normal week?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							

*Please attach your resume and cover letter to this application.