

COMPUTER SCIENCE INTERNSHIP APPLICATION

Instructions: Please complete the following application form and attach a degree evaluation as a single PDF and send to csdept@sfasu.edu. Approval of your application to receive credit will be sent through email with instructions on how to enroll in CSCI 3185, CSIT 3185, CSCI 5185.

Name: _____ CID: _____ Date: _____

Contact Phone: _____ Email address: _____

Permanent address: _____

Overall GPA: _____ In Major GPA: _____

Total credit hours completed: _____ Total CSCI/CSIT hours completed: _____

Include the Semester (Fall/Spring/Summer) and Year for Internship Course: _____

Credit hours applied for: _____ Number of prior internship credit hours: _____

Name, address, and phone number of internship supervisor and employing organization:

Internship Supervisor Name: _____

Internship Supervisor Contact Email: _____

Internship Supervisor Contact Phone: _____

Employing Organization Address: _____

Your Internship Position Title: _____ Internship Work Hours per Week: _____

Start Date of employment: _____ End Date of employment: _____

State the specific type of work of your internship or provide a link/attachment providing the job description:

Attach your degree evaluation available at MYSFA in the Advising Portal under Education Planning.

Expected Graduation Date: _____

_____ Approved/Hours

_____ Not Approved

_____ Date