Student Internship Application

Clear Form

Internship Program

Master of Science in Professional Science

College of Basic and Applied Sciences

Middle Tennessee State University

Intern Name: _____ MTSU ID: _____

Credit Hours Completed: ____ Concentration: _____ Semester/Year of Internship: _____

Address: _____ Phone: _____

_____ MTSU Email: _____

Company Name: _____ Employer Name: _____

Company Phone: _____ Employer Email: _____

Company Address: _____

Internship Description (limited to 600 characters/spaces):

Please list your personal internship objectives:

1. _____
2. _____
3. _____

I agree to:

- Meet with Internship Coordinator and Concentration Advisor as requested
- Work a minimum of 250 hours for 3 hours of college credit
- Work in a company approved by the Concentration Advisor
- Perform professionally and comply with employing company's regulations and policies
- Maintain employing company's confidentialities and submit to drug screening and background check, if required
- Submit an Internship Portfolio by the designated due date to the Internship Coordinator
- Ask employing company to complete and submit Employer's Performance Evaluation of Intern form by designated due dates (mid-term and final)

Intern Signature: _____ Date: _____

Concentration Advisor Signature: _____ Date: _____

Return to: Dr. Robert B. Blair, MSPS Internship Coordinator
MTSU Box 40
Murfreesboro, TN 37132

Robert.Blair@mtsu.edu
(615) 898-5284

Submit Electronically