INTERNERSHIP PRE-APPLICATION FORM

Deadlines for pre-application form submission:
Summer internships: Feb 1
Fall Internships: May 15
Spring Internships: September 15

**Please attach a copy of your degree works with the submission of this pre-application.

Internship semester and year student is applying for: ____________________________
Date of pre-application form submission: ____________________________
Student Name: _______________________________________________________
Student ID#: _______________________________________________________
Student email: _______________________________________________________
Student advisor: ______________________________________________________

Top internship choice for application

Agency name: _______________________________________________________
Agency location (city/state): ____________________________________________
CTRS Supervisor at agency: ____________________________________________
CTRS phone number: ________________________________________________
CTRS email address: ________________________________________________

Please provide a detailed description of the proposed job duties for the internship. If possible, attach a copy of the job description.
Second choice for internship application:

Agency name: ____________________________
Agency location (city/state): ____________________________
CTRS Supervisor at agency: ____________________________
CTRS phone number: ____________________________
CTRS email address: ____________________________

Please provide a detailed description of the proposed job duties for the internship. If possible, attach a copy of the job description.

________________________________________________________________________

Please provide information for up to two back-up internship sites:*  
Backup agency # 1 name: ____________________________
Backup agency #1 location (city/state): ____________________________
Backup agency #1 CTRS Supervisor name/email address: ____________________________

Backup agency # 2 name: ____________________________
Backup agency #2 location (city/state): ____________________________
Backup agency #2 CTRS Supervisor name/email address: ____________________________

*After student is approved to apply for top two choices, student must contact Carmen Hawkins (cbh@clemson.edu) before applying to backup sites.