

Bowie State University
The Career Development Center

Internship Registration Form

Date: _____ Major: _____ GPA _____

Last Name: _____ First Name: _____ Student ID #: _____

Current Address: _____

Home Address: _____

School Telephone: _____ Home Telephone: _____ Email: _____

What Are Your Transportation Options? _____

Check all applicable items below:

<u>Citizenship Status</u>	<u>Student Status</u>	<u>Student Level</u>	<u>Internship Semester</u>	<u>Seeking</u>	<u>Type of Internship</u>
<input type="checkbox"/> U.S.	<input type="checkbox"/> Full-time	<input type="checkbox"/> Freshman	<input type="checkbox"/> Fall	<input type="checkbox"/> Full-time	<input type="checkbox"/> Paid only
<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Part-time	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Spring	<input type="checkbox"/> Part-time	<input type="checkbox"/> Paid/Unpaid
<input type="checkbox"/> F-1	<input type="checkbox"/> Transfer	<input type="checkbox"/> Junior	<input type="checkbox"/> Summer	<input type="checkbox"/> Either	<input type="checkbox"/> Credit only
<input type="checkbox"/> Other		<input type="checkbox"/> Senior			<input type="checkbox"/> Non-credit
					<input type="checkbox"/> Either

Expected Date of Graduation: _____

I hereby authorize the release of my resume, academic records and/ or application to prospective employers.

Signature: _____ Date: _____

The following information is for statistical purposes only:

Date of Birth: _____ Gender: Male: _____ Female: _____

How Many Years of Experience Related to Your Major Do You Have? _____

Do You Have Any Physical or Learning Disabilities? _____ Yes _____ No

If So, Please Explain: _____

How Did You Hear About The Career Development Center?
