



Intern Application

Please fill out the following as completely and accurately as possible. Electronic filing is preferable. To fill this document out using Adobe Reader, first save the document to your computer to ensure there is no loss of data. Return completed application to Lauren Schuette, Glensheen Office Manager, at laurens@d.umn.edu.

Date _____ Name (F, L) _____
Phone _____ Email _____
Student ID _____

Local Address Street _____
City _____ State _____ Zip _____

Mailing Address Street _____
 Same as above
City _____ State _____ Zip _____

Do you have excellent English writing and verbal skills? Yes No

Availability Please indicate start and end dates available for this internship.
Start _____ End _____
Amount of hours available per week _____

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Experience

Please attach a resume with your recent work experience.

References

Please provide two professional or academic references below.

Name _____

Relationship _____ Phone _____

Name _____

Relationship _____ Phone _____

Education

Are you currently a student? Yes No

If yes, please fill out the section below.

Current Status High School Undergraduate Graduate

School / College _____

Academic Level _____ Major _____

Cumulative GPA _____ GPA in Major Field of Study _____

Degree Expected _____ Anticipated Conferral Date _____

Please list all degrees held, educational institutions attended, and/or dates of degree conferral.

Program Requirements

Does the program you are in require you take an internship? Yes No

If yes, please fill out the section below.

Program / Class _____

Hours Required _____ Number of Credits _____

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Which area(s)/department(s) of Glensheen most interests you? *Check all that apply*

Collections Research Fundraising Events & Event Planning Marketing

Graphics & Multi-Media Other *Please specify*

Please list any special skills, such as language, office, computers & programs, public speaking, etc. you can bring to an internship.

How did you learn about the Glensheen internship programs?

Print Applicant Name _____

Applicant Signature _____ Date _____