



## STUDENT-INTERNSHIP REQUEST

**STUDENTS: PLEASE READ THE PHSC CATALOG/HANDBOOK ABOUT THE INTERNSHIP PROGRAM BEFORE FILLING OUT THIS REQUEST FORM. IT CONTAINS IMPORTANT INFORMATION ON PREREQUISITES TO THE INTERNSHIP PROGRAM, AND GENERAL INFORMATION ABOUT THE PROGRAM.**

NAME: \_\_\_\_\_ STUDENT ID# \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FL \_\_\_\_\_  
STREET CITY ZIP CODE

Home Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

PHSC MAJOR: \_\_\_\_\_

HOME CAMPUS: \_\_\_\_\_

PROFESSIONAL GOAL: \_\_\_\_\_

**PLEASE LIST BUSINESS OCCUPATIONS IN WHICH YOU WOULD LIKE TO HAVE AN INTERNSHIP EXPERIENCE IN ORDER OF PREFERENCE, (i.e., sales, banking, retail, financial services, health care, information, manufacturing, government, law, utilities, publishing, education, general professional, etc.)**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**ADDITIONAL INFORMATION THAT MAY BE HELPFUL IN SELECTING AN INTERNSHIP SITE, (i.e., city, county, or area preferences / requirements, accommodation for your disability needs, daytime or nighttime restrictions, etc.)**

**I am aware that participation in the internship program is contingent upon meeting minimum eligibility requirements as stated in the PHSC Catalog/Handbook, and that placements are subject to availability.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**FORWARD TO: ASSISTANT DIRECTOR OF CAREER AND TESTING SERVICES - WEST CAMPUS**

**WORKPLACE LEARNING OFFICE COMPLETES THIS SECTION:**

Student \_\_\_\_\_ does \_\_\_\_\_ does not meet minimum qualifications for Internship consideration.

Criteria to be met. (Check **all** that are completed. Note areas with deficiency.)

\_\_\_\_\_ COMPLETION OF 15 CREDITS AT PHSC, MINIMUM

\_\_\_\_\_ COMPLETION OF A MINIMUM OF 12 COLLEGE CREDITS IN BUSINESS COURSES

\_\_\_\_\_ 2.5 MINIMUM GPA IN ALL COLLEGE LEVEL BUSINESS COURSES, AA **OR**

\_\_\_\_\_ COMPLETION OF A MINIMUM OF 18 COLLEGE CREDITS IN IT COURSES

\_\_\_\_\_ 2.0 MINIMUM GPA IN COLLEGE CREDIT COURSES

Assistant Director of Career Testing Services \_\_\_\_\_ Date \_\_\_\_\_ Letter mailed out: \_\_\_\_\_ Date \_\_\_\_\_