

INTERNSHIP APPLICATION

APPLICANT INFORMATION

Name				
Academic Status	Freshman J Junior	Sophomore Senior	Mobile	Graduate
Address				
City/State/Zip		Email		
Major/Concentration				
Program Area(s) of Interest				
How many total hours/weeks do you need to complete your internship? _____	Semester & Dates to complete experience	Fall	Spring	Summer
	to			

INTERNSHIP ADVISOR INFORMATION

Name:	Email:
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PLEASE ANSWER THE FOLLOWING SHORT ANSWER QUESTIONS

Please share your professional aspirations.

Which area of University Recreation are you the most interested? (Be specific, for example Facility Operations, use the University Recreation website and job descriptions to assist you with this answer).

Please state 3-5 goals/objectives (what you hope to learn) from this experience.

What academic classes and/or experiences have you taken that would assist you in your experience?

Please describe the guidance/advice/recommendations you have received from your academic advisor as you pursue an internship.

SUBMISSION

If you have more information or if you have any questions, please contact Jasin Wills, Associate Director for University Recreation at willse@apsu.edu or 931-221-6978.

Please submit cover letter, application, resume, and a list of three references to:
 Austin Peay State University, University Recreation Internship Program, P.O. Box 4398, Clarksville, TN 37044 or send electronically to willse@apsu.edu

Signature of Applicant:		Date:	
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