

TAT Internship Request

California State University Monterey Bay
Teledramatic Arts & Technology
 100 Campus Center, Building 27
 Seaside, CA 93955-8001
 Advising Office 831/582-4432

Please fill out the form and include the following information with your completed request for Internship form:

Please off attachments

- An announcement or job description for the Internship
- An Internship application from the sponsoring agency
- A copy of your résumé
- A copy of your transcripts
- A faculty approved Independent Study Proposal

Student Info Please Type or Print in blue or black ink

Name	First	Last
Student ID #		
Contact	Phone	Email
College	CSUMB	Please list below <u>any</u> other colleges with which you <input type="checkbox"/> <input type="checkbox"/> are currently taking classes <input type="checkbox"/> <input type="checkbox"/>
Student Status	Freshman, sophomore, junior, senior, post BA	
Expected Date of Graduation		

Sponsoring Agency

Name of Organization		
Address	Street	City/State/Zip
Contact/Supervisor	First	Last
Phone		
Email		

Course Info This section will be completed by CSUMB administration ONLY!

Course Number (CRN)	Units	Advisor Name & Signature	Date
		Karen Wisdom	

Internship Information

Title of Internship Position		
Dates of Internship	Start	End
Approximate hours per/wk		
Pay Rate		
Location of the work site		

Complete the following: *(attach extra pages as needed)*

Please write a brief statement outlining the objectives of this internship opportunity

Please write a brief statement of the skills/qualifications you will bring to this internship

Student Signature *please print your name, sign, and date*

Print Name	Signature	Date

Agency Info **This section will be completed by the sponsoring agency ONLY!**

Name of Organization	Contact/Supervisor Signature	Date