Student-Internship Program
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Dear Potential Student Intern,

Thank you for your interest in Office of the President at Florida Atlantic University’s Student Internship Program. Our intern program offers an educational work experience that is beneficial to all college students interested in working in a high-paced and exciting setting.

Internships are offered on a per-semester basis. Applicants should be at least a junior, currently enrolled at FAU. All qualified students are invited to apply.

Please read and follow the instructions in application procedures. Completed applications with supplemental information should be returned to the Office of the President by the deadline date.

Good luck and I hope to hear from you soon!

Sincerely,

Dr. Jennifer O’Flannery
Chief of Staff
Office of the President
Florida Atlantic University
APPLICATION PROCEDURE

A. Interested students should submit a letter explaining their interests, experiences, talents and other information which qualifies them for an intern position. This letter should clearly express an interest in the internship.

B. Candidates should fill out the attached intern application and include a resume with two personal references and phone numbers. After the above is completed, in-person interviews with prospective interns will be scheduled.

C. If you are selected we will contact you to confirm dates and the scheduling of your internship. Please note: Due to the differences in class schedules, more than one internship may be granted in order to maximize the programs usage.

D. Once the student internships are granted, an orientation meeting will be scheduled to commence training and review of the intern’s policies and procedures.

E. The Internship Application Procedure will commence at the conclusion of every university semester.
INTERNSHIP APPLICATION

DATE: ______________

NAME: ________________________________________________________________

LAST, FIRST M.I.

CAMPUS ADDRESS: ________________________________

PERMANENT ADDRESS: ________________________________

CITY/STATE ZIP CODE: ________________________________

PHONE: _______________ ALT. PHONE: _______________

DATE OF BIRTH: __________ S.S. #: _______________________

NAME OF COLLEGE: ______________________________________

NAME OF FAU ADVISOR: ______________________________________

MAJOR: ____________________________________________________

EXPECTED GRADUATION DATE: ________________________________

1. Do you have access to a vehicle? Yes____ No____

2. Available starting semester: ________________________________
What do you expect from an internship experience:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Provide a statement of your career objective:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Special Skills and/or Qualifications:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Include any other information you would like us to know:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature: ________________________ Date: _____________

RETURN COMPLETED APPLICATION TO: Dr. Jennifer O’Flannery, Office of the President, 777 Glades Road, Boca Raton, FL 33431