Office of the President

Student-Internship Program
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July, 2005

Dear Student Intern,

Thank you for your interest in Office of the President at Florida Atlantic University’s Student Internship Program. All qualified students are invited to apply. 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.

Please complete the enclosed application, attach a cover letter and resume, and return to the Office of the President as soon as possible. If you would like more information or assistance, please feel free to contact me at the information provided.

Good luck and I hope to hear from you soon!

Sincerely,

Joanne C. Elsner
Executive Assistant to President Frank T. Brogan
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 program’s usage.

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

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

F. DEADLINES:

   a. Application Deadline—August 29, 2005

   b. Students Notified—September 2, 2005

   c. Students Begin—September 6, 2005
INTERNSHIP APPLICATION

DATE:_____________________

NAME:______________________________________________________

LAST     FIRST     M.I.

CAMPUS ADDRESS:______________________________________________

PERMANENT ADDRESS:____________________________________________

STREET

CITY/STATE    ZIP CODE    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:________________________

GOALS:
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:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Student Signature: _______________________________________________________

Date: ____________________________________________

RETURNED COMPLETED APPLICATION TO: Joanne Elsner, 
Office of the President, 777 Glades Road, Boca Raton, FL 
33431