



**SCHOOL OF CRIMINOLOGY
AND CRIMINAL JUSTICE**

College of Social Work and Criminal Justice
Florida Atlantic University

INTERNSHIP FORM

Please print clearly

Date: _____

Name: _____ Student Number: _____

Phone Number: _____ E-mail Address: _____

Name of Agency: _____

Agency Address: _____

Supervisor Name: _____ Supervisor Number: _____

Supervisor E-mail Address: _____

Semester in which internship will be completed:

Fall Spring Summer Year: _____

Major: _____

Junior Senior Graduate Student

For use by The School of Criminology and Criminal Justice

Approved Denied

Internship Coordinator: _____ Date: _____