

## PSIP-Albany Internship Application

Name \_\_\_\_\_

Banner ID \_\_\_\_\_

Number of Credits \_\_\_\_\_

Date of Participation  Spring \_\_\_\_\_

Summer \_\_\_\_\_

Fall \_\_\_\_\_

Winter \_\_\_\_\_

Class \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_

Major/Minor \_\_\_\_\_

Overall GPA \_\_\_\_\_

Total Credits Earned \_\_\_\_\_

### STUDENT CONTACT INFO

Phone \_\_\_\_\_

Email \_\_\_\_\_

Permanent Address

---

---

---

### EMERGENCY CONTACT INFO

Name \_\_\_\_\_

Phone \_\_\_\_\_

Permanent Address

---

---

---

Please supply one faculty reference who can speak to your abilities.

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Please return this completed application, your learning agreement, a one to two page biographical statement, a current transcript, and one completed faculty reference form to the Career Services office in Rakov 101. If you have any further questions, please contact Rob DiCarlo.



Career Services  
Attn: Rob DiCarlo  
Rakov 101  
350 New Campus Drive  
Brockport, NY 14420

585 395 2159 (*phone*)  
585 395 2708 (*fax*)

FOR OFFICE USE ONLY

Learning Agreement

Biographical Statement

Reference Letter

Transcripts

Résumé

Application  Approved

Disapproved

Date \_\_\_\_\_

Agency Placement/Supervisor \_\_\_\_\_