Application for Internship in Criminal Justice

Semester: Click here to enter text. Year: Click here to enter text.

*Internship Coordinator*

Adrienne Freng

Dept. 3197, 1000 E. University Ave.

Laramie, WY 82071-3197

(307) 766-2307

afreng@uwyo.edu

Last Name: Click here to enter text. First Name: Click here to enter text. MI: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip: Click here to enter text.

W#: Click here to enter text.

Home Phone: Click here to enter text. Cell Phone: Click here to enter text.

Email Address: Click here to enter text.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Do you have any medical restrictions that may limit participation in the internship?

No: [ ]  Yes: [ ]  If yes please specify: Click here to enter text.

Do you have any physical restrictions that may limit participation in the internship?

No: [ ]  Yes: [ ]  If yes please specify: Click here to enter text.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**REFERENCES:**

Academic:

Name: Click here to enter text. Department: Click here to enter text.

Phone: Click here to enter text. Email: Click here to enter text.

Personal:

Name: Click here to enter text. Phone: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip: Click here to enter text.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Internship Position Desired: Click here to enter text. Credit Hours: Click here to enter text.

 Address: Click here to enter text.

 City: Click here to enter text. State: Click here to enter text. Zip: Click here to enter text.

 Agency Contact Person: Click here to enter text. Phone:

 Email Address: Click here to enter text.

 Have you contacted this person? Yes: [ ]  No: [ ]

*Note: It is the student’s responsibility to find the intern agency, although the internship coordinator does have a list of some agencies, which are available as possible internship sites.*

Write your expectations concerning your role as an intern in this agency’s mission:

Click here to enter text.

**AGREEMENT**

*By my signature, I stipulate my understanding of the University of Wyoming Criminal Justice Department Internship Requirements as outlined in the course syllabus and agree to be truthful and forthcoming in all matters associated with this internship.*

Student Signature, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Coordinator, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

***This section is to be completed by the University of Wyoming Criminal Justice Department***

The internship will be completed during the:

 Fall Semester [ ]  Spring Semester [ ]  Summer Semester [ ]

 Beginning Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Internship Contract Obtained: \_\_\_\_\_\_\_\_\_\_\_\_ Completed: \_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency and Department Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Agency Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Hours Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_