Application for Internship/Practicum
In Criminal Justice
Semester: ________ Year: ________

University of Wyoming/Criminal Justice Department
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Last Name: ______________________ First Name: ______________________ MI: ______
Address: _____________________________________________________________
City: _______________ State: _____________ Zip: __________
W#: __________________________________ Home Phone: ____________________
Cell Phone: ____________________ Email Address: _______________________

Do you have any medical restrictions that may limit participation in the internship?
No: ☐ Yes: ☐ If yes please specify: ________________________________

Do you have any physical restrictions that may limit participation in the internship?
No: ☐ Yes: ☐ If yes please specify: ________________________________

REFERENCES:

Academic:
Name: ______________________ Department: ______________________
Phone: ______________________ Email: ______________________

Personal:
Name: ______________________ Phone: ______________________
Address: ________________________________________________________
City: _______________ State: _____________ Zip: ____________________

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Revised 01/31/14
Internship Position Desired: ______________________ Credit Hours: __________
Address: ________________________________________________________________
City: __________________ State: __________ Zip: ______________
Agency Contact Person: ___________________ Phone: ________________
Email Address: __________________________________________________________
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:

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/Practicum 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: ________________