

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: _____

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: _____