

AM INTENT TO INTERN (CADS 4920)

Student Name _____ Date _____

Cell _____ Email Address _____

Semester/year you took / plan to take CADS 3850 _____ 5850 _____

Semester/year you expect to complete Internship: Spring _____ Summer _____ Fall _____

Do you already have a tentative commitment from a firm? Yes _____ No _____

If yes, please give the firm name, location, and contact information.

Have you approached any firms? Yes _____ No _____

If yes, please name them and their location.

If you have not begun the internship search, please indicate:

(a) the location/s (cities, states or regions) where you intend to search

(b) companies that you know you want to approach

(c) any other descriptors of the type of internship you ideally want

*** All internship placements must be approved by the designated Program Coordinator prior to making final arrangements to start the internship.**

I have: (initial each)

_____ Read the Guidelines for the AMDP Internship (CADS 4920).

_____ Attended the mandatory information meeting with my Program Coordinator.

_____ Have in my possession or have made an appointment to get an academic credit check from the Office of Academic Affairs, 266 Spidle Hall.

_____ Am aware that final arrangements for my internship must be approved prior to confirming a start date.

Sign & date (below) and submit to (Dr. Forsythe) by **October 15, 2014**.

Student's Signature

Date