

**APPLICATION FOR INTERNSHIP PROGRAM
DEPARTMENT OF AGRICULTURAL ECONOMICS
OKLAHOMA STATE UNIVERSITY**

Please type and return to Rodney Holcomb, Rm. 114 FAPC or at rodney.holcomb@okstate.edu.

Name: _____ CWID: _____

Stillwater Address: _____ Phone: _____

Email: _____ Cell Phone: _____

Home Address: _____ Phone: _____

Major and Option: _____

Credit hours completed as of last semester: _____ Overall GPA: _____

Name of Academic Advisor: _____ AGECE GPA: _____

Internship Course Number: _____ Credit Hours: _____ Section: _____

1. Attach a current resume.
2. Attach a brief statement (less than one double spaced page) of why you want to be involved in this program and what you expect to gain from it. Be specific.
3. Attach a list of the names, addresses, and telephone numbers of three references. (Include title or position)
4. List number of Internship credit hours you desire.
5. Student's Certification

I certify that all information included with this application is correct. I understand that it is my responsibility to find a cooperator that meets the approval of the committee. I agree that the information I have provided may be released to potential cooperators.

Student's Signature

Date

Academic Advisor's Approval

6. I certify that the student has discussed the use of the internship credit on the student's plan of study.

Advisor's Signature

Date

7. This section should be completed by the student when known. It must be completed before credit approval will be made.

Cooperator's Title: _____ Name: _____

Email Address: _____ Cell Phone: _____

Agency or Firm: _____ Office Phone: _____

Address: _____

Dates of involvement in the internship: From: _____ To: _____

Attach terms of agreements between student and cooperator.

Immediate Supervisor: _____

Title: _____ Phone: _____

8. This section will be completed by the Internship Committee.

Number of hours approved by Internship Committee: _____

Approved dates of Internship: From: _____ To: _____

Internship Committee Chairman _____ Date: _____
Approval: _____

9. This section must be signed after approval has been granted and before leaving OSU for the Internship position.

I understand the requirements for the internship program. I will contact one of the Internship Committee members by phone should any problem arise. I have been briefed on my responsibilities by the Internship Committee.

Student's Signature

Date