Internship Program Student Application

Student name _____ Date _____
           LAST   FIRST

Address _____
           STREET   CITY   STATE   ZIP CODE

Telephone _____ E-mail _____

Are you eligible to work in the U.S. (required for participation)? ❑ Yes ❑ No

Are you currently enrolled at Oakton (required for participation)? ❑ Yes ❑ No

Student ID No. _____ Major _____ Current GPA _____

Course hours earned in your major _____

Number of courses you are currently taking _____

Hours per week you are able to work (typically 10-12) _____

Weeks you are able to work (typically 12-16) _____

Describe what you are looking for in an internship_____

_____

Strengths _____

Skills you seek to develop/learn _____

_____

Software/equipment with which you are familiar _____

_____

How did you hear about the internship program?_____

Return completed form to: Internships, Room 2801, Des Plaines campus, fax 847-635-1997, e-mail *internships@oakton.edu*