



WSA Student Intern Application

Personal Information

Name _____

Current Address _____ Apt. _____

City _____ State _____ Zip _____

Phone (_____) _____ Email _____

University Information

School/University Name: _____ Major _____

Overall GPA _____ Advisor/Professor _____

Current Classification _____ Expected Graduation Date _____

Number of credit hours you anticipate, **excluding the internship**, for the semester of your internship _____ Semester(s) available for internship: _____

Most recent courses taken (Include current semester) _____

What is the main reason you are applying for a WSA internship? (besides it being required by school) _____

Please list the project preference for your internship. _____

Do you have any physical or mental disabilities that would require any special accommodations in order for you to complete the tasks associated with this internship? _____Y _____N

If YES, may we have your permission to disclose this to potential WSA supervisors & please share with us any accommodations that you might need? _____Y _____N

I understand that if I accept an internship with the WSA, I will abide by the WSA Internship Agreement, and that the information provided above is true and correct.

Signature and date:
