

# CLAS Internship Application

## I. PERSONAL INFORMATION

Name UF ID

Major/Year Email

Address

City State/Country Zip Code

Phone Current UF GPA

## II. INTERNSHIP INFORMATION

Name of Organization

Address

City State/Country Zip Code

Supervisor Name & Title Email

Phone Fax

## III. CREDIT

Internship Start Date: End Date: Hours Per Week:

Credit Hours Requested (1-3):\*

\*3 credits = at least 10 hours per week for Full Term

<b>IDS 4940</b>
Section # _____ (to be completed by IDS office)
Semester/Year: _____