

PHYSICS INTERNSHIP APPLICATION

STUDENT INFORMATION

Name:	
Address:	
Phone:	E-mail:
Curriculum Advisor:	

INTERNSHIP INFORMATION

Credit hours (1-3):
Begin Date:
End Date:
Short Description of Project:
Will you receive compensation for your work?
Amount (optional):

HOST AGENCY INFORMATION

Organization:	
Address:	
Supervisor Name:	
Position/Title of Supervisor:	
Phone:	E-mail:

AGREEMENT/APPROVAL

Student

KSU Internship Director

Curriculum Advisor

Internship Supervisor