JAMES MADISON UNIVERSITY DEPARTMENT OF SOCIAL WORK APPLICATION for NONPROFIT STUDIES INTERNSHIP (Please word-process)

NAME		
(Last)	(First)	(Middle)
STUDENT ID#		
LOCAL ADDRESS		
(Street)	(City)	(State) (Zip Code)
LOCAL TELEPHONE	CELL TELEPI	HONE
EMAIL ADDRESS		
ADDRESS DURING INTERNSHIP		
(Street)	(City)	(State) (Zip Code)
DO YOU HAVE A VALID DRIVER'S I	LICENSE?	YES NO
SEMESTER OF DESIRED PRACTICU	M	
CREDIT HOUR OPTION: 4 credits	_ (160 hours) 6 credits	(240 hours)
DATE OF ANTICIPATED GRADUATI	ON	_
AGENGY/SITE & ADDRESS of DESIR	ED INTERNSHIP	
CONTACT PERSON & TITLE		
ADDRESS		
TELEPHONE	EMAIL	
DATE AGENCY/SITE CONTACTED_		
OVERVIEW OF INTERNSHIP SHEET	PROVIDED TO AGENCY/SI	ITEYESNO
Course Preparation List all required nonprofit studies minor of	courses by number and title co	mpleted or currently completing.
List your major area NPS elective/s by nu	umber and title, completed or c	currently completing.
List all minor, prerequisite, related elective or currently completing.	ve courses or courses that you	wish to highlight by number and title comple

Discuss briefly how your requested internship site would combine your major, the NPS minor and your career goals.		
Identify and briefly discuss any areas of special interest or	specific goals that you have for your internship experience	
 ATTACH to application Brief description of your agency Job description/tasks in which you will be involved. 	ed if application is approved	
Brochure and/or other agency materials as available.	ple.	
Signature: NPS Faculty Adviser	Date	
NPS Faculty Adviser		