

# Student Internship Application

## Internship Program

Master of Science in Professional Science

College of Basic and Applied Sciences

Middle Tennessee State University

Intern Name: \_\_\_\_\_ MTSU ID: \_\_\_\_\_

Credit Hours Compl: \_\_\_\_ Concentration: \_\_\_\_\_ Semester/Year of Internship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ MTSU Email: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Employer Email: \_\_\_\_\_

Company Address: \_\_\_\_\_

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Internship Description (limited to 600 characters/spaces):

Please list your personal internship objectives:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I agree to:

- Meet with Internship Coordinator and Concentration Advisor as requested
- Work a minimum of 250 hours for 3 hours of college credit
- Work in a company approved by the Concentration Advisor
- Perform professionally and comply with employing company's regulations and policies
- Maintain employing company's confidentialities and submit to drug screening and background check, if required
- Submit an Internship Portfolio by the designated due date to the Internship Coordinator
- Ask employing company to complete and submit Employer's Performance Evaluation of Intern form by designated due dates (mid-term and final)

Intern Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Concentration Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Dr. Robert B. Blair, MSPS Internship Coordinator  
MTSU Box 40  
Murfreesboro, TN 37132

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