



# Internship Application

Year 201 \_\_\_\_\_ Semester: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

\_\_\_\_\_  
(Print) Last Name First SMC ID Number (\_\_\_\_\_) Cell/Message Telephone

\_\_\_\_\_  
Street Address City & State Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Home Telephone E-Mail Address (Best contact one) 2<sup>nd</sup> Email Address

**International Students:** Are you an international student? Check: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, have you attached the IEC approval sheet? Yes \_\_\_\_\_ No \_\_\_\_\_ Comment \_\_\_\_\_

## INTERNSHIP EMPLOYER'S/VC CONTACT INFORMATION (Please print legibly)

_____ Company/Agency Name	_____ Street Address	_____ City	_____ Zip Code
_____ Immediate Supervisor	_____ Supervisor's Job Title	(_____) _____ Supervisor's Telephone Number	
_____ Supervisor's E-Mail Address	www. _____ Website of Company/Agency		
_____ Human Resources (HR) Contact*	_____ E-Mail Address in HR*	_____ FAX Number of HR*	

**\*If the Human Resources office is an important contact for your internship, please write in how to reach them in the spaces above.**

**ADDITIONAL INFORMATION** Internship Course Title: \_\_\_\_\_ Section Number: \_\_\_\_\_

How many SMC units were you enrolled in and successfully completed in the previous full semester (Fall or Spring)? \_\_\_\_\_

Total Units of Internship Credit(s) \_\_\_\_\_ Unpaid Internship \_\_\_\_\_ Paid Internship \_\_\_\_\_

### HOURS OF WORK REQUIRED FOR CREDIT:

I need to work \_\_\_\_\_ hours this semester to earn the internship credit. BE SURE YOU CAN COMPLETE ALL THE REQUIRED HOURS IN THE TIME YOU HAVE LEFT FOR THE SEMESTER! YOUR GRADE DEPENDS ON IT.  
(If **paid**, 75 work hours X the number of units; if **unpaid**, 60 work hours X the number of units)

The above statements are true to the best of my knowledge:

\_\_\_\_\_  
Student College Instructor or SMC Internship Staff Today's Date

**FOR OFFICE STAFF ONLY:** Please initial: \_\_\_\_\_

Attended Orientation Session: Yes \_\_\_\_\_ No \_\_\_\_\_ Date Attended Orientation: \_\_\_\_\_

Successfully completed at least 6 units in the prior Fall or Spring Semester: Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Internship Courses Taken in the Past: Counseling 90 \_\_\_\_\_ Successfully Passed Internship Course(s): Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Comments: \_\_\_\_\_