

**ANGLO-AMERICAN EDUCATIONAL SERVICES  
SEMESTER / SUMMER INTERNSHIP  
APPLICATION**

The application maybe printed or typed and all requested information provided.

**Personal Information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tel: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Academic Information:**

University: \_\_\_\_\_ Academic Major: \_\_\_\_\_ GPA: \_\_\_\_\_

Academic Status: Jr/Sr/Grad

Number of Credits Your University will Award for the Internship: \_\_\_\_\_

List Three Internships Positions Desired:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Name of Approving of Dean or Chairperson: \_\_\_\_\_

Signature of Dean or Chairperson: \_\_\_\_\_

Attach the Following Documents:

Resume: \_\_\_ Transcripts: \_\_\_ Approval Letter: \_\_\_ Reference Letter: \_\_\_ Admin Fee: \_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_