

Graduate Internship Application



**Department
of History**

UNIVERSITY OF CENTRAL FLORIDA

Area(s) of Interest: _____

Internship Organization- list up to three (3) preferences:

1. _____

2. _____

3. _____

Semester for Internship: Term _____ Year _____

Name: _____

Student Identification Number: _____

Address: _____

Phone: _____ Email Address: _____

GPA: _____

How did you hear about our Internships? _____

History Courses Taken:

<u>Course</u>	<u>Semester</u>	<u>Instructor</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What do you expect to gain from this internship experience that augments or contributes to your academic goals?

**Please attach a copy of your curriculum vita with this form.*

Signature of one (1) History Department graduate faculty member familiar with your academic performance:

Print

Sign Date