

UCCS BACJ Internship Application

STUDENT INFORMATION

Student's Name: _____

Student Number: _____

E-Mail Address: _____

Local Address: _____

Local Telephone Number: _____

Date / semester available to start: _____

Days available to work: _____

I authorize the University of Colorado Colorado Springs, School of Public Affairs, BACJ program, pursuant to The Family Educational Rights and Privacy Act of 1974 (FERPA), to disclose Academic Information to the Internship Agency for evaluation of my request to complete an internship.

1. What type of experience / agency you would prefer?

2. Briefly list your skills / experience that you would offer the agency.

3. What do you hope to gain from you internship experience?

4. Please state how this internship will contribute to your education and your future career aspirations.

5. List five goals and objectives of the internship (Refer to Chapters 1, 2, 3, and 4 of the Gordon & McBride, Criminal Justice Internships, Latest Edition text).

Student Signature

Date

Internship Supervisor

Date

Signature of Internship Coordinator

Date

DEPARTMENT USE ONLY

_____ BACJ Major _____ 60 credit hours completed _____ 18 hours of CJ

_____ CJ 1001 and CJ 2041 completed Requirements waived _____

_____ BACJ Minor _____ 9 CJ hours completed

_____ CJ 1001 and CJ 2041 completed