



P.O. BOX 10
 PERU, NEBRASKA 68421-0010
 WWW.PERU.EDU
 1-800-742-4412
 MEMBER, NEBRASKA STATE COLLEGE SYSTEM

Internship Student Information Form

Please complete this form accurately typing in the information or writing legibly.

Last Name: _____ First Name: _____
 NUID: _____ Date: _____
 Address: _____ City: _____
 State: _____ Zip: _____
 Student Email: _____ Secondary Email: _____
 Primary Phone: _____ Secondary Phone: _____
 Faculty Advisor: _____ GPA: _____
 Major: _____ Expected Graduation Date: _____
 Credits Earned: _____

Semester seeking internships

- Fall
- Spring
- Summer

I have found an internship site?

- Yes
- No

Location (Business name, city, state): _____

How many internship credit hours are you seeking? (One credit equals 45 hours of work): _____

Are you legally eligible to work in the United States

- Yes
- No

Statement of Understanding

Please initial

1. If I utilize the resources at PSC Career Services Internship Program, I agree that I will enroll in the applicable academic credit with the intent to complete the program _____
2. I have read the **Internship Pages: DEFINED, PROCESS, FORMS** at www.peru.edu/careerservices and agree to comply with the program requirements _____
3. I have discussed with and obtained approval from my faculty advisor to determine the number of credit hours to complete my internship _____

Student Signature _____

Date _____

Please email the Student Information form to the respective Dean or faculty member overseeing the internship.