



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.