

## Internship Application

University of Nebraska at Kearney  
Department of Criminal Justice  
Kearney, NE 68849  
Telephone (308) 865-8510  
Fax (308) 865-8567

Please type or print clearly the requested information. By applying for an internship it is understood by this office that you are a) responsible for speaking with your academic advisor regarding credits and the appropriateness of completing an internship, b) fully aware that you must register for internship credit and that your internship hours are performed during the semester in which you are enrolled for internship credit, c) required to submit a Workplan and Position Description form bearing your internship supervisor's signature and an evaluation form bearing your internship supervisor's signature at the completion of your internship (due the date that the academic portion of the internship is due), d) required to complete the academic portion of your internship and submit them at the established date by the Intern coordinator (the academic portion includes the writing of a journal and research paper, which is based on assigned readings), e) fully aware that by not completing the academic requirements a failing grade is assigned, and d) fully aware that by not satisfactorily completing the practical component of the internship a failing grade may be assigned.

Applicant's Name _____	UNK ID _____
Local Address _____ City _____, State _____ Zip _____	Address during Internship _____ City _____, State _____ Zip _____
Local Phone (____) _____ Email _____ Major(s): _____ Minor(s): _____	Permanent Phone (____) _____
What is your class status? <input type="checkbox"/> Fr <input type="checkbox"/> So <input type="checkbox"/> Jr <input type="checkbox"/> Sr Number of CJUS Credit Hours Taken? _____ Please list relevant courses taken?  	Name of Advisor: _____ Your G.P.A. _____  *Please provide unofficial transcript for files.
In which semester are you registering? <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	For how many credits are you enrolling? _____ Number of previous internship credits earned? _____
Sponsoring Agency _____ Agency Address _____ City _____, State _____ Zip _____ Agency Phone (____) _____	Supervisor's Name _____ Supervisor's Title _____ Supervisor's Email Address _____ Dates of Internship: From ____/____/____ to ____/____/____ Hours to be worked per week _____
Marital Status: _____ Single _____ Married	
Do you have a car available if needed for your placement? _____ Yes _____ No	

List below all criminal convictions by offense, place, and date. Note: A conviction does not automatically mean you cannot be admitted. What you were convicted of and how long ago are important. Give all the facts so that a decision can be made. Some agencies providing internships will also require that you furnish them with information concerning your arrest and conviction record.

**Applicant's Affirmation:** I understand that the responsibility for successfully completing an internship and earning academic credit is my own. Success depends on my work performance at the internship site and completing the academic requirements in the allotted time. I also understand that an internship is a professional experience and that I should conduct myself in a professional manner during the course of my internship service.

Signature \_\_\_\_\_ Date \_\_\_\_\_