



FLORIDA STATE UNIVERSITY PANAMA CITY

COLLEGE OF APPLIED STUDIES

Public Safety & Security

Capstone Course Internship Program Application Learning in Action

Student name:

Student ID:

Mailing address:

FSU email:

Phone number:

Cell number:

Major:

What semester/year will you work?

Name of agency where you will work:

What number of hours do you want to work each week?

Name of supervisor:

Phone number of supervisor:

Email of Supervisor:

Are you currently a criminal justice professional? Yes No

If yes to above, name of your agency?

Your role and department within the agency

To be completed by the Capstone Coordinator

Verification of Core Course Completion (3 of 4): _____

Verification of GPA requirements: _____

Employment verified: _____

Permission number given to register: _____

Student Course Enrollment completed (Y/N): _____

Student fees paid (Y/N): _____

Program contact information

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