



Internship Application Plan

Student Name: _____

Semester of Internship: Fall/Term _____ Spring/Term _____ Summer/Term _____

I received Internship Clearance and will apply for an internship with the following agencies:

1. _____
2. _____
3. _____
4. _____
5. _____

Upon accepting an internship from one of these agencies, I will immediately notify the Internship Coordinator by email and formally withdraw my application form the other agencies.

Student Signature

Date

Complete and submit to the Senior Seminar Coordinator:

Donna G. Trafford, CPRP
dtrafford@fsu.edu
308 Kellogg Bldg.
Florida State University
P.O. Box 3061272
Tallahassee, FL 32306-1272