



## Internship Application

APPLICANT NAME: \_\_\_\_\_, \_\_\_\_\_

PHONE # ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_, STATE \_\_\_\_\_, ZIP CODE: \_\_\_\_\_

UNIVERSITY/COLLEGE: \_\_\_\_\_

Campus: \_\_\_\_\_

Major: \_\_\_\_\_

Current Level /Year: \_\_\_\_\_

### PROFESSIONAL INTERESTS: (Select all that applies)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Port Operations      | <input type="checkbox"/> Marketing              | <input type="checkbox"/> Engineering            |
| <input type="checkbox"/> Finance              | <input type="checkbox"/> Branding               | <input type="checkbox"/> Facilities Management  |
| <input type="checkbox"/> Security             | <input type="checkbox"/> Communications         | <input type="checkbox"/> Environmental          |
| <input type="checkbox"/> Legal                | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Real Estate            |
| <input type="checkbox"/> Government Relations | <input type="checkbox"/> Contract Management    | <input type="checkbox"/> Administrative General |
| <input type="checkbox"/> Safety               | <input type="checkbox"/> Procurement            | <input type="checkbox"/> Risk Management        |

### Internship preference:

- ☐ Career Path / Field Specific Only
- ☐ Diversified Learning Experience / Rotational

### Session applying for:

- ☐ Fall      ☐ Winter
- ☐ Spring      ☐ Summer

**Internship Application Checklist:** Please check if you are including any of the items below before submitting your application. Items already marked, are required in order for your application to be qualified for review.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Resume                       | <input type="checkbox"/> Other: Additional relevant documents for the selection committee to consider and/or select you for the next step in the process. |
| <input type="checkbox"/> Transcript                              |   |
| <input checked="" type="checkbox"/> Letter of Interest           |   |
| <input type="checkbox"/> Institution's Intern Coordinator Letter | <input checked="" type="checkbox"/> Signed Application  |
| <input type="checkbox"/> Reference Letters                       |   |

Signature: \_\_\_\_\_

Date: \_\_\_\_\_