



## Internship Application

APPLICANT NAME:

PHONE #

Email Address:

ADDRESS:

CITY

STATE

ZIP CODE:

UNIVERSITY/COLLEGE:

Campus:

Major:

**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:**

**Session applying for:**

- |   |                                 |                                 |
|---|---------------------------------|---------------------------------|
| <input type="checkbox"/> Career Path / Field Specific Only            | <input type="checkbox"/> Fall   | <input type="checkbox"/> Winter |
| <input type="checkbox"/> Diversified Learning Experience / Rotational | <input type="checkbox"/> Spring | <input type="checkbox"/> 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: \_\_\_\_\_