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SYRACUSE UNIVERSITY

ACADEMIC INTERNSHIP PROGRAM APPLICATION FORM

APPLICATION FOR (please check): Fall Spring Summer **YEAR:** _____

NAME:

Last

First

Middle

DATE OF BIRTH (day/month/year): _____

PLACE OF BIRTH: _____

PERMANENT MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

PHONE NUMBER IN FLORENCE (preferably cell): _____

HOME COLLEGE OR UNIVERSITY: _____

PROGRAM OF STUDY AT SU FLORENCE: Arts & Sciences Arch. Visual Arts

CURRENT YEAR OF STUDY: Soph. Jr. Sr. Grad. Other _____

ACADEMIC MAJOR: _____

ACADEMIC MINOR: _____

CUMULATIVE GRADE POINT AVERAGE: _____

HONORS or AWARDS: _____

FOREIGN LANGUAGE PROFICIENCY

ITALIAN:

	Spoken	Written	Reading
Excellent			
Good			
Fair			
Poor			
None			

OTHER:

	Spoken	Written	Reading
Excellent			
Good			
Fair			
Poor			
None			

OTHER:

	Spoken	Written	Reading
Excellent			
Good			
Fair			
Poor			
None			

PREVIOUS WORK EXPERIENCE (including internships):

Organization

Responsibilities

Dates

COMPUTER SKILLS:

PLEASE WRITE A STATEMENT for each of the following: (Use back of sheet if necessary.)

1. What type of internship interests you? Do you have a preference for a particular host organization(s)?

2. Based on your response above, how would an internship in Florence relate to your overall academic objectives?

3. Do you need academic credit in a specific area of study (PSC, HST, FIA, etc.) to meet academic requirements? If yes, please specify in which department(s): _____ .

***Important:** All SUF internships must be approved for credit by an academic department on the SU home campus. Internships which cannot be approved for credit in a specific area of study (PSC, HST, FIA, etc.) will be submitted for generic IPA (Internship Program Abroad) credit approval. If you have any doubts about what kinds of credit your university will accept, please check with your home campus administrator immediately.

4. What do you feel you could contribute to a host organization in your area of interest?

5. An internship is a professional experience that demands serious dedication on the part of the student. Please evaluate your willingness to commit a considerable amount of time and energy to an internship while in Florence. Would you be available to work on an occasional Friday or Saturday?

Should you have questions about any of the above, please contact:

Prof. Debora Spini, Internship Program Coordinator
work phone: (+39) 055/50.31.31; fax: (+39) 055/50.31.385;
e-mail: daspini@syr.fi.it

WEEKLY SCHEDULE

- 1) List ALL **COURSES** and relative **CLASS TIMES** (including audits) for which you are registered or plan to register (if you do not yet know class times, indicate just course titles) (Table 1).
- 2) Block out and shade all cells relative to your **CLASS TIMES** (Table 2).
- 3) Write "**AVAILABLE FOR INTERNSHIP**" across any time slots on **FRIDAY** or **SATURDAY** in which you could dedicate time to an internship.

Table 1: COURSE TITLES, NUMBERS & CLASS TIMES

Table 2:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
8.45-9.00						
9.00-9.30						
9.30-10.00						
10.00-10.30						
10.30-11.00						
11.00-11.30						
11.30-12.00						
12.00-12.30						
12.30-1.00						
1.00-1.30						
1.30-2.00						
2.00-2.30						
2.30-3.00						
3.00-3.30						
3.30-4.00						
4.00-4.30						
4.30-5.00						
5.00-5.30						
5.30-6.00						