

Center For Women's Studies And Gender Research
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GRADUATE INTERNSHIP APPLICATION

Please Type:

Name: _____ *WST 4940, Section: _____

UF ID Number: _____ Email: _____

Telephone: _____

Address: _____ Semester Desired (Indicate Year):

_____ Fall _____

_____ Spring _____

_____ Summer _____

of Credits (1-3): _____ Grade Point Average: _____

Major: _____ Minor: _____ Class: _____

Briefly discuss the scholarly content of your internship which makes it worthy of academic credit (attach additional paper if necessary):

Agency Name & Address

Agency Supervisor _____ Agency Telephone Number: _____

Signature (Agency Supervisor)

Date

Signature (Director, CWSGR)

Date

Applicant: Please return application to 3324 Turlington

after you have received the appropriate signatures, for registration purposes