

INTERNSHIP APPLICATION
DEPARTMENT OF POLITICAL SCIENCE/CRIMINAL JUSTICE
THE UNIVERSITY OF SOUTH ALABAMA

Student Name: _____

JAG#: _____ Telephone #: _____

Student Address: _____

E-mail Address: _____

Semester Registering _____ Year: _____
Spring/Summer/Fall

Course Credit Hours: (check one)

3 credits

6 credits

Course: (check one)

CJ 496

PSC 496

PSC 596

Class standing: (at the time of the internship)

Junior

Senior

MPA

Instructions:

1. Forward this application form AND a current resume, as attachments, to Dr. Mike Reynolds: kmreynolds@southalabama.edu. Include your last name in the resume and application file name.
2. To obtain additional information related to an internship contact Dr. Reynolds via email.