

**WTAMU Experiential Education Program
Student Application Form**

Last Name	First Name	Middle Initial	Buff Gold Card #	Date
Major/Degree			GPA	Advisor's Name

Expected Graduation Date: (circle month and fill in year)

Class Standing: (circle one)

May Dec Aug 20_____

Fr So Jr Sr Grad Student

ADDRESS:

Number/Street/PO Box	City	State	Zip
Permanent Phone #	Local Phone #	Email Address	

Where Would You Like To Intern?

Local area only
 Willing to relocate

What Type of Employer Are You Interested In?

Government employers All types
 Private business Non-profit

Type of internship you are interested in: _____

If you know specific companies or organizations you would like to work with, please list:

Would you like to know more about how our office helps students determine the career that best matches their interests, skills, and abilities? _____

How did you hear about the Experiential Education Program?

If I decide to become involved with the Experiential Education Program I understand I will be required to:

- 1) attend the Resume Workshop and view the online Interviewing Skills Workshop;***
- 2) write my résumé and have it critiqued and approved by the Career Services staff;***
- 3) post my résumé (for a nominal charge) through the Career Services Web Registration System;***
- 4) sign a WTAMU Experiential Education Program Statement of Ethics.***

I also understand that participating in the Experiential Education Program and completing the above steps **does not** guarantee an internship. Job availability depends on a variety of factors; however, involvement in the program greatly improve my job search skills and chances of finding an internship.

Signature

With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected by this form.