

## PAID INTERNSHIP STUDENT APPLICATION

### APPLICANT INFORMATION – MUST BE A CURRENT STUDENT OF TMCC

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Student ID:	E-Mail:	

### INTERNSHIP INFORMATION – MUST BE A CURRENT STUDENT OF TMCC

Degree Seeking:		
Semester Enrolled:    Fall    Spring    Summer	Year:    2018            2019	
Internship Seeking:   Fall    Spring    Summer		
Name of Class for Credit:	Semester:   Fall    Spring    Summer	
Instructor of Class for Credit:	Hourly: \$9.00	Graduation Date:

### EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

### SPOUSE INFORMATION FOR CONTACT PURPOSES ONLY – IF NOT EMERGENCY CONTACT

Name:		
Date of birth:	SSN:	Phone:

### POSSIBLE INTERNSHIP EMPLOYER THAT NEEDS ASSISTANCE FOR THE DEGREE YOU ARE SEEKING:

Current employer:		
Employer address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		

### TMCC REFERENCES

Name	Address	Phone

### SIGNATURES

I authorize the verification of the information provided on this form as to my TMCC Student and Emergency copy of this application.

Signature of applicant:	Date:
Signature of Dean of Students:	Date: