Political Science Department
Hunter College

Application to Register for Internship Credit

Semester: _____

Student Information

EMPLID # (CUNYFirst ID #): _____

Student's Name: _____

Address: _____

_____

E-mail: _____

Telephone: _____

Have you previously registered for an Internship? Yes No

If yes, how many credits? _____

Student's Signature: _____

Internship Information

Agency Supervisor's Name/Title: _____

E-mail Contact for Supervisor: _____

Agency Name: _____

Agency Address: _____

_____

Registration Information: To be filled out by Faculty Supervisor

Full-Time Faculty Supervisor: _____

Number of Credits: _____ Course Number: _____

Full-Time Faculty's Signature: _____