

Bowie State University
The Career Development Center

Internship Registration Form

Date: _____ Major: _____ GPA _____

Last Name: _____ First Name: _____ Student ID #: _____

Current Address: _____

Home Address: _____

School Telephone: _____ Home Telephone: _____ Email: _____

What Are Your Transportation Options? _____

Check All That Apply:

Citizenship Status	Student Status	Student Level	Internship Semester	Seeking	
U.S	Full-time	Freshman			
Permanent Resident	Part-time	Sophomore			
F-1	Transfer	Junior			
Other		Senior			
		Graduated Senior			

Expected Date of Graduation: _____

I herby authorize the release of my resume, academic records and/ or application to prospective employers.

Signature: _____ Date: _____

The Following Information Is For Statistical Purposes Only:

Date of Birth: _____ Gender: Male: _____ Female: _____

How Many Years of Work Experience Do You Have? _____

How Many Years of Experience Related to Your Major Do You Have? _____

Do You Have Any Physical or Learning Disabilities? _____ Yes _____ No

If So, Please Explain: _____

How Did You Hear About The Career Development Center?
