Application for Criminal Justice Internship

Part 1: Personal Information				
Name:		MU ID Number: 901		
Local Address:		DOB: Month	Day Year	
		Age:		
Permanent Address:		Overall GPA:	(Must be at least a 2.5)	
		C J GPA:	(Must be at least a 2.5)	
		Class Rank: □Gra		
Local Phone: () -		(You must be at least a Jr. to begin the internship.)		
Permanent Phone: () -		Email:		
Part 2: Criminal Justice Course Information				
CJ Area of Emphasis: Law Enforcement Legal Studies Corrections No Emphasis Declared Total Hours Completed: Hours This Semester: CJ Hours Completed:	you are currently to CJ 200 CJ 211 CJ 221 CJ 223 CJ 231 CJ 300 CJ 302 CJ 312 CJ 314 CJ 322 CJ 323 CJ 325 CJ 331 CJ 332 CJ 332 CJ 340 CJ 341 Special Topics/	CJ 400/500 CJ 403/503 CJ 404/504 CJ 405/505 CJ 406/506 CJ 410/510 CJ 415/515 CJ 416/516 CJ 417/517 CJ 418/518 CJ 422/522 CJ 424/524 CJ 426/526 CJ 433/533 CJ 440/540 CJ 450/550		
(You must have completed half of your CJ hours to begin the internship).	CJ CJ			
Part 3: Internship Information				
Internship Requested for (Summer) Year:				
The Type of Agency with which You	ı Would Like to In	tern:		

Part 4: Your References			
List three persons who could comment on your abilities and character. At least one must be a Criminal Justice Faculty Member.			
1. Name:			
Address:			
Phone:			
2. Name:			
Address:			
Phone:			
3. Name:			
Address:			
Phone:			
Completing this form does <u>not</u> guarantee your placement with an internship agency. Part 5: Agency Information			
Agency:	Supervisor:		
Address:	Joap Strice		
/ National			
Phone: () -	FAX: () -		
Email:	Agreed to Take Intern: □Yes □N0		
Internship Director Use Only:			
Application Received:	Evaluation Mailed:		
Banner CJ GPA 2.5+ Overall GPA 2.5+	Letter Received:		
Initial Interview :	Agency Thank You:		
Initial Agency letter:	Placement File Completed:		
Questions Complete Journals Complete	Grade Recorded:		
Meeting Comments: Agency Comments: Diary/Journal/Questions Comments:			