

INTERNSHIP APPLICATION
DEPARTMENT OF POLITICAL SCIENCE/CRIMINAL JUSTICE
THE UNIVERSITY OF SOUTH ALABAMA

Student Name: _____

JAG# _____ Telephone#: _____

Student Address: _____

E-mail Address: _____

Semester Registering _____ Year: _____
 Spring/Summer/Fall

Course Credit Hours: (check one)

3 credits

6 credits

Course: (check one)

& - 496

3 6 & 496

3 6 & 96

Class standing: (at the time of the internship)

Junior

Senior

MPA

Instructions:

Forward this application form AND a current resume, attachments to Dr. Mike Reynolds:
kmreynolds@southalabama.edu, Q F O X G H \ R X U O D V W Q D P H L Q W K H U H V X P H
 Q D P H

To obtain additional information related to an internship contact Dr. Reynolds via email.