

AIP - ACADEMIC INTERNSHIP PROGRAM

DATA SHEET

Today's Date: _____ Student ID#: _____

Name: _____

Semester in which you plan to do the internship: SPRING SUMMER FALL Year: _____

Major: _____

Minor: _____

Department in which you will receive the internship credit: _____

Faculty Sponsor: _____

Current Class Standing: SENIOR JUNIOR SOPHOMORE FRESHMAN

E-mail Address You Check Most Frequently: _____

Cell Phone: _____

Local Phone: _____

Local Address: _____

Do you plan on doing this internship for credit: yes no

Where did you learn about the Academic Internship Program: (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Peers | <input type="checkbox"/> In Class Presentation | <input type="checkbox"/> Student Group Presentation |
| <input type="checkbox"/> AIP Bulletin Boards | <input type="checkbox"/> Flyers/Slides | <input type="checkbox"/> Did a previous internship |
| <input type="checkbox"/> Insite | <input type="checkbox"/> Career Counselor | |
| <input type="checkbox"/> Emails | <input type="checkbox"/> Graduation Requirement | |

Advising Session (Please List Advisor) _____

In Class by Faculty (Please List Faculty) _____

Other (Please Describe) _____

FOR OFFICE USE ONLY

GPA: _____ Handbook

Notes:

Office of Academic Internships

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303-458-1809
www.regis.edu/collegeinterns

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