Department of African and African American Studies
Internship Course

Student Information Form

(To be filled out at the time the student is given internship information, and updated by the student and advisor during the internship process)

Date_____

Name_____ 900 Number:_____

Email_____ Phone:_____

Please circle: AAAS Major AAAS Minor

Major or minor other than AAAS_____

Please circle: Junior Senior

G.P.A._____

Check the boxes below to indicate that you have completed the following forms through the Cooperative Internship Center and submitted copies of the forms to the Department of AAAS.

- ☐ Application
- ☐ Guidelines and Agreement form
- ☐ Internship Announcement form
- ☐ Application for Academic Credit

Date the student registered for AAS499A_____