

<b>APPLICATION FOR POLITICAL SCIENCE DEPT/LEAP CENTER INTERNSHIP PROGRAM</b>		
<b>PERSONAL INFORMATION</b>		
Name:		
Date of birth:	Cell Phone:	Email:
Street Address:		
City:	State:	ZIP Code:
<b>ACADEMIC INFORMATION</b>		
Classification (as of April 2019): <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate		
Major:	Cum GPA:	
Minor:	Expected Graduation:	
Sam ID:		
<b>BY SIGNING BELOW, I GRANT PERMISSION TO UNIVERSITY STAFF:            (1) TO CONSULT WITH MY REFERENCES, PROFESSORS, AND OTHER UNIVERSITY OFFICIALS TO ASSESS MY QUALIFICATIONS AS AN INTERN CANDIDATE, AND            (2) TO DISCLOSE TRANSCRIPTS, RESUME, AND OTHER RELEVANT INFORMATION TO PROSPECTIVE INTERN AGENCIES TO ASSESS MY QUALIFICATIONS AS AN INTERN CANDIDATE.            MY SIGNATURE ON THIS APPLICATION ATTESTS TO THE FACT THAT ALL INFORMATION INCLUDED IS TRUE.</b>		
Applicant Signature:	Date:	

**Additional Requirements:**

- 1) Have you ever been accepted for a POLS internship?                      Yes                      No
  - a. If so, did you earn a positive evaluation?                      Yes                      No
- 2) Please provide a one-page copy of your resume.
- 3) Include two references, including their (a) name, (b) position and company, and (c) phone number.

Please address your completed, signed application form and additional documentation to: Prof. Mike Yawn. And submit to a student worker in the POLS department (CHSS 490) or place in Professor Yawn's door tray (CHSS 477).

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