



**SAM HOUSTON STATE UNIVERSITY  
 INTERNSHIP OFFICE – C204  
 CRIMINAL JUSTICE CENTER  
 Huntsville, Texas 77341-2296**

**(936) 294-1659**

**(Photo Here)**

**Undergraduate Registration Form**

\_\_\_ Fall  
 \_\_\_ Spring  
 \_\_\_ Summer

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agency  
 Contact Person: \_\_\_\_\_

Agency Address: \_\_\_\_\_

\_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_  
 City State Zip

**Intern's Addresses:**

Local: \_\_\_\_\_  
 \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_  
 City State Zip

Permanent: \_\_\_\_\_  
 \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_  
 City State Zip

Intern's Address to which all internship correspondence is to be sent:

Intern's Name: \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**COPY OF OFFICAL TRANSCRIPT MUST BE ATTACHED**

Date: \_\_\_\_\_ Internship Approved: \_\_\_\_\_  
 (signature of Agency Contact)