

## APDP INTENT TO INTERN (CADS 4920)

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Cell \_\_\_\_\_ Email Address \_\_\_\_\_

Semester and year you took or will take CADS 3750 \_\_\_\_\_.

Semester/year you expect to complete Internship: Spring \_\_\_\_ Summer \_\_\_\_ Fall \_\_\_\_

Do you already have a tentative commitment from a firm? Yes \_\_\_\_ No \_\_\_\_

If yes, please give the firm name, location, and contact information.

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Have you approached any firms? Yes \_\_\_\_ No \_\_\_\_

If yes, please name them and their location.

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If you have not begun the internship search, please indicate:

(a) the location/s (cities, states or regions) where you intend to search

(b) companies that you know you want to approach

(c) any other descriptors of the type of internship you ideally want

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**\* All internship placements must be approved by the designated Program Coordinator prior to making final arrangements to start the internship.**

I have: (initial each)

\_\_\_\_\_ Read the Guidelines for the AMDP Internship (CADS 4920).

\_\_\_\_\_ Attended the mandatory information meeting with my Program Coordinator.

\_\_\_\_\_ Have in my possession or have made an appointment to get an academic credit check from the Office of Academic Affairs, 266 Spidle Hall.

\_\_\_\_\_ Am aware that final arrangements for my internship must be approved prior to confirming a start date.

Sign (below) and submit to (Dr. Ulrich) by **October 15** (after mandatory fall internship meeting).

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**Student's Signature**

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**Date**