



## Zero-Credit Internship Course Application Form

STARR Career Development Center

2-150NVC

646-312-4670

[www.baruch.cuny.edu/careers](http://www.baruch.cuny.edu/careers)

STUDENT INFORMATION			
Last Name	First Name	M.I.	Date
Street Address		Apt/Unit #	
City	State	ZIP	
Phone	Baruchmail Address		
Expected Date to Enter into a Baruch College (semester/year)		Zicklin <input type="checkbox"/> Weissman <input type="checkbox"/> SPA <input type="checkbox"/>	
Expected Graduation Date	Cumulative GPA	# of Credits Accumulated	
Status: <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> F-1 Visa <input type="checkbox"/> Other _____			

COURSE APPLICATION INFORMATION			
Semester	Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>	Year	# of Credits during Semester:
			Paid Internship <input type="checkbox"/>
			Unpaid Internship <input type="checkbox"/>

INTERNSHIP HOURS SLIDING SCALE	
<i>Fall &amp; Spring Semester</i>	
<u>Course Load</u>	<u>Hours of Internship Work</u>
12 or less credits	Up to 20 hours per week
15 credits	Up to 15 hours per week
18 or more credits	Permission will not be granted

\*During Summer or Winter sessions, students may work additional hours if not enrolled in classes\*

PLACEMENT INFORMATION & GOALS	
Supervisor Name	Title
Company	Phone ( )
Address	
Type of Business or Purpose of Organization	TOTAL HOURS PER WEEK:

**Briefly describe your rationale for choosing this internship opportunity and demonstrate its relevance to your career goals.**

**Please verify that the information provided herein is accurate by signing below.**

**Student  
Signature**

**Date**