

**Institute for Women's, Gender, and Sexuality Studies**  
**Application for Internship, WGSS 4950**

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

Panther ID \_\_\_\_\_

Semester \_\_\_\_\_ Year \_\_\_\_\_ CRN \_\_\_\_\_

WGSS Instructor \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Internship Site Name, Address, and Contact Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Internship Supervisor Name and Contact Information:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature and Date

\_\_\_\_\_  
Instructor Signature and Date

\_\_\_\_\_  
Signature of the WGSS Director of Undergraduate Studies and Date

Comments: