



## Application for Academic Internship Program

Department of Economics  
College of Business Administration II, Room 305  
University of Central Florida  
P.O. Box 161400  
Orlando, FL 32816  
Phone: (407) 823-3266  
Fax: (407) 823-3269

*Please type or print clearly in black ink  
Ensure you print this form and submit with all other required documents.*

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**Personal Identification Number (PID)**

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<b>Last Name</b>	<b>First</b>	<b>Middle</b>
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**Street Address**

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<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County</b>
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<b>Contact phone</b>	<b>Email address</b>
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### *EDUCATIONAL BACKGROUND*

Name & Location of College/University Attended	Class	GPA	Major	Hours	Degree Obtained	Date Degree Obtained

### *EMPLOYMENT HISTORY BRIEF*

Employer	Position	From	To

### *INTERNSHIP INFORMATION*

Firm Name	Contact Person	Phone

### *DEPARTMENT INFORMATION*

Faculty Advisor	Action (Approved, Denied, Pending)	Internship (Term/Year)	Date