

Internship or Special Project Interest Form, University Libraries

Name _____ Date _____

Status ___ Graduate ___ Undergraduate

Address _____

City _____ State _____ Zip _____

Email Address _____

Home Phone _____ Work Phone (if applicable) _____

Current Institution ___ BGSU ___ KSU Other _____

Current Major or Program _____ GPA _____

Graduate students only

Previous Degree Earned _____ Date Earned _____

Institution _____

Time Period Desired

Semester ___ Fall ___ Spring ___ Summer

Other _____

Please describe your project (include your purpose, what you hope to learn, if you desire course credit, if you desire to work with a specific unit or collection within the University Libraries, and any other pertinent information).

If you have any previous work or other experience in libraries or archival collections, please describe.