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.

Jan. 2004