



**Application for UNIV 490
Career Internship**

**Bachelor of Arts in General
Studies (BGS) Degree Program**

Bachelor of Arts In General Studies
Western Illinois University
1 University Circle
Macomb, IL 61455
Phone: 309/298-1929
FAX: 309/298-2226
www.wiu.edu/BGS

Please type or print clearly

Date: _____

Your Name: _____

WIU I.D. #: _____

Home Address: _____
Street Address City, State Zip

Email: _____ Telephone: _____

Internship Company Name: _____

Address/Location: _____
Street Address City, State Zip

Supervisor: _____
Email and Telephone: _____

Number of semester hours completed toward BGS: _____

Anticipated semester/year of graduation: _____

Number of semester hours requested for internship (40 work hours equals 1 SH of credit): _____

Date of Internship () Fall 20____ () Spring 20____ () Summer 20____

Explain how previous courses and/or prior learning have prepared you for this internship experience and how this internship will prepare you for your career goals. Use additional pages if necessary.

_____ I give the degree program staff permission to register me for University 490.

Student Signature: _____



WESTERN
ILLINOIS
UNIVERSITY

Proposed Internship Training Schedule

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Please type or print clearly

Date: _____

Your Name: _____

WIU I.D. #: _____

Semester Hours requested for UNIV 490
(40 working hours equals 1 SH of credit): _____

Internship Start Date: _____ Internship End Date: _____
Note: One week of full-time, college-level employment (40 hours) per semester hour of credit)

Internship Company Name: _____

Address/Location: _____
Street Address City, State Zip

Supervisor: _____ Email and Telephone: _____

Daily Work Schedule: State Time: _____ Lunch Period: _____ End Time: _____

In the space below, provide a summary of your new college-level duties and responsibilities. Use additional pages if necessary.

NOTE: An internship cannot be granted for current job duties and responsibilities.

Please indicate any times and dates you or your supervisor **will not** be available for an internship visit:

	Date:	Date:	Date:	Date:	Date:
Time:					

Approval:

Company Supervisor's Signature: _____

Company Supervisor's Name and Title
(Please Print): _____

Intern's Signature: _____

Instructor's Approval Prior to Registration:

This form must be completed and returned with the Application for UNIV 490 Career Internship to:

University 490 Internship Instructor
Bachelor of Arts in General Studies
Malpass Library, Third Floor
1 University Circle
Macomb IL 61455