



FLORIDA STATE UNIVERSITY

COLLEGE OF CRIMINOLOGY & CRIMINAL JUSTICE

INTERNSHIP APPLICATION

FULL NAME: _____

DOB: _____

EMAIL: _____

PHONE NUMBER: _____

CURRENT/LOCAL ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PERMENENT ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

SEMESTER AND YEAR OF INTERNSHIP: _____

CLASSIFICATION (EXAMPLE JUNIOR OR SENIOR): _____

PLEASE INDICATE IF YOU WOULD LIKE TO INTERN FULL TIME OR PART TIME (MUST CHOOSE ONE):

FULL TIME (40 HRS/WEEK) _____ PART TIME (20 HRS/WEEK) _____

ARE YOU A DISTANCE LEARNING STUDENT (i.e. all of your classes are online):

YES: _____ NO: _____

SEMESTER & YEAR YOU PLAN TO GRADUATE: _____

OVERALL GPA: _____ CRIMINOLOGY GPA: _____

PLEASE USE THE BELOW GRADING SCALE TO AVERAGE ALL YOUR CRIMINOLOGY GRADES FOR CRIMINOLOGY GPA.

A = 4	A - = 3.75	B + = 3.25	B = 3	B - = 2.75	C + = 2.25
C = 2	C - = 1.75	D + = 1.25	D = 1	D - = 0.75	F = 0

AGENCY NAME: _____

AGENCY ADDRESS, CITY, STATE, ZIP: _____

NAME AND TITLE OF AGENCY INTERN SUPERVISOR: _____

INTERN SUPERVIOR'S EMAIL ADDRESS: _____

INTERN SUPERVIOR'S TELEPHONE NUMBER: _____

SPECIAL INTERVIEW(S) OR APPLICATION(S) REQUIRED BY AGENCY (IF ANY):

HAVE YOU COMPLETED:	NO	YES	TAKING NOW	GRADE
CCJ 2020 (Intro to Criminal Justice)				
CCJ 3011 (Criminology)				
CCJ 4700 (Research Methods)				

Many agencies may exclude students from placement with convictions. In order to facilitate placement, please answer the following:

Have you ever been convicted, pled guilty, pled no contest (nolo contendere), or had a court withhold adjudication for any crime, felony, or misdemeanor (other than a minor traffic offense)?

YES: * _____

NO: _____

*If yes, you will need to come in and speak to the internship director prior to the placement process.

LIST ALL MOVING VIOLATIONS YOU HAVE RECEIVED (i.e. speeding, careless driving, etc.)

DATE	PLACE	CHARGE	DISPOSITION (amount paid, charges dropped, etc.)

College (other than FSU): _____

CRIMINOLOGY COURSES COMPLETED (COURSE NUMBER AND TITLE):

WORK EXPERIENCE: EMPLOYER'S NAME, ADDRESS, TELEPHONE NUMBER AND YOUR EXACT POSITION TITLE:

____/____ TO ____/____ (MONTH & YEAR)

EMPLOYER'S NAME: _____

CITY, STATE ZIP: _____

PHONE NUMBER: _____

POSITION TITLE: _____

____/____ TO ____/____ (MONTH & YEAR)

EMPLOYER'S NAME: _____

CITY, STATE ZIP: _____

PHONE NUMBER: _____

POSITION TITLE: _____

PROFESSIONAL REFERENCES:

1. NAME/TITLE _____
PHONE NUMBER # (____) _____
ADDRESS, CITY, STATE, ZIP: _____

2. NAME/TITLE _____
PHONE NUMBER # (____) _____
ADDRESS, CITY, STATE, ZIP: _____

3. NAME/TITLE _____
PHONE NUMBER # (____) _____
ADDRESS, CITY, STATE, ZIP: _____

STUDENT AGREEMENT

This statement affirms my understanding of the conditions under which I am applying for an internship in the College of Criminology and Criminal Justice at Florida State University.

I understand that in order to intern I must fulfill three basic requirements. First, I must have completed the criminology core courses (CCJ2020, CCJ 3011, and CCJ4700), with a grade of "C" or better. Secondly, I must have an overall grade point average of at least 2.0.

I understand that my attendance at the criminology internship orientation meeting is mandatory.

I understand that during my internship I will not be identified as anyone other than a student intern, and I agree not to place myself or allow myself to be placed in dangerous situations. Further, I agree to release Florida State University, the FSU Board of Trustees and the College of Criminology and Criminal Justice their agents, representatives and employees from all legal liability for any injury that I may sustain during the performance of my activities, directly or indirectly related to my internship while a student intern.

I understand that in order to fulfill the academic requirements of the internship program, I must (1) complete all research papers in a satisfactory and timely fashion, (2) turn in weekly reports of my internship activities, and (3) receive satisfactory evaluations from my intern supervisor.

I understand that during my internship period all arrangements for alterations or modifications in my agency working assignment must be approved by the College of Criminology and Criminal Justice Internship Office in advance.

I hereby knowingly accept these conditions under which I have made my application for a criminology internship.

*You **must** sign this application. A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin your work.*

I certify that, to the best of my knowledge and beliefs, ALL of my statements are true, correct, complete, and made in good faith.

Signature

Date (month, day, year)

**** DO NOT FORGET to attach your unofficial transcripts from my.fsu.edu before submitting this application.**