

**Valdosta State University  
Public Administration Program**

**Application for Internship**

**Student Name:**

**Date:**

**Student ID:**

**Semester:**

**Local Address:**

**Permanent Address:**

**Email:**

**Daytime Phone:**

**Semester/Year of Expected Graduation:**

**List Courses Completed or Currently Enrolled:**

Course	Grade	Course	Grade	Course	Grade

**Cumulative Graduate GPA at VSU:**

**All Graduate Work:**

**Internship Placement Organization:**

**Agency Contact Information:**

☐ **Approved**  
☐ **Denied**

**Internship Coordinator**

**Note: This application is to be completed and returned to the Internship Coordinator before the student can be enrolled in PADM 7210.**