

Tohono O'odham Community College P.O. Box 3129 Sells, Arizona 85634 Phone (520) 383-8401 Fax (520) 383-0029

STUDENT INTERNSHIP APPLICATION

STUDENT INFORMATION		
Name:		
Last	First	MI
Other Names Used:	Social Security Number	:
Mailing Address:		
City	State	Zip Code
Telephone:		
Home	Mobile	Other
Email Address:		
Name of High School/GED:	Did you graduate? ☐ YES ☐ NO	
STUDENT EDUCATION/INTERNSHIP INFORMATION		
Are you a current TOCC student? ☐ YES ☐ NO Major:		GPA:
Name of Internship Applying for:	Semester/ Session: Fall □ Spring □ Summer □	
Position Title:	Does this position relate to your major? ☐ YES ☐ NO	
Tosition Title.	Does this position relate to	o your major: Li TES LINO
Internship Location:		
Have you had a TOCC internship before? ☐ YES ☐ NO	If YES, please list previous	s internship experience below.
INTERNSHIP HISTORY Please list your internship experience by providing the most recent position first. If more space is needed, use the same format on another sheet of paper, or a continuation sheet in the same format.		
Name of Internship:	Position Title:	
Supervisor's Name:	Supervisor's Title:	
Duties and Responsibilities:		
 Application Checklist: □ Did you answer all the questions? □ Did you attach a copy of your resume? □ Did you attach a copy of your unofficial transcripts? (Sho college with a 2.0 GPA or higher.) 	uld demonstrate you have comp	leted at least one semester of
☐ Did you sign and date the second page?		

SIGNATURE

I certify that the information I have provided in applying for this internship is true and accurate to the best of my knowledge. I give the Tohono O'odham Community College and its authorized officials permission to verify and/or disclose any information given in connection with this application for personnel/internship purposes. I acknowledge that any misstatements or omissions in these application materials may be cause for elimination from further consideration or dismissal if selected. I also understand that an incomplete application packet may delay or prevent an internship opportunity with the Tohono O'odham Community College.

Applicant's Signature:	Date:
Applicant's Signature.	Date.