



CHRM 4350 INTERNSHIP APPLICATION

Instructor: Lisa Seeley, Ph.D

ETBU • One Tiger Drive • Marshall, TX 75670

Applying for: Fall _____ Spring _____ Summer _____ Year _____

Student Profile – You must complete all fields on this form.

Student Name: _____ ID# _____

Address _____ City _____ State _____ Zip _____

Cell Phone or other _____ Faculty Advisor: _____

Campus E-mail (required): _____ @etbu.edu

Degree Program: _____ Number of Hours Completed: _____

Concentration: _____ Do you receive Ministry Scholarship? Yes ___ No ___

Church or Organization Information

Supervisor's Name & Title _____ Position: _____

Supervising Church or Organization: _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Other Phone/Fax(____) _____

Field Supervisor's E-mail: _____

Describe briefly the Church/Organization/or Ministry (include type, size & denomination if applicable):

For Office Use Only: (all signatures are required)

Academic Advisor: _____

Professor : _____

Signature of Dean of School of Christian Studies: _____

Application is Approved: Yes ___ No ___ Date: _____ Semester of Internship _____

Date student registered for the course _____