



KCOE Internship Questionnaire



Date: _____

First Name: _____ Last Name: _____

Address: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Major: _____ Minor: _____

Year: FR SO JR SR

Are you willing to accept an unpaid internship? Yes No

Are you willing to relocate for your internship? Yes No

What type of internship are you interested in? Spring Summer Fall

Generally, what days and times are you available to work? (X all that apply)

	Morning	Afternoon	Evening
Monday	0	0	0
Tuesday	0	0	0
Wednesday	0	0	0
Thursday	0	0	0
Friday	0	0	0

Additional Information: