

APDP INTENT TO INTERN (CADS 4920)

Student Name _____ Date _____

Cell _____ Email Address _____

Semester and year you took or will take CADS 3750 _____.

Semester/year you expect to complete Internship: Spring ____ Summer ____ Fall ____

Do you already have a tentative commitment from a firm? Yes ____ No ____

If yes, please give the firm name, location, and contact information.

Have you approached any firms? Yes ____ No ____

If yes, please name them and their location.

If you have not begun the internship search, please indicate:

(a) the location/s (cities, states or regions) where you intend to search

(b) companies that you know you want to approach

(c) any other descriptors of the type of internship you ideally want

*** All internship placements must be approved by the designated Program Coordinator prior to making final arrangements to start the internship.**

I have: (initial each)

_____ Read the Guidelines for the AMDP Internship (CADS 4920).

_____ Have in my possession or have made an appointment to get an academic credit check from the Office of Academic Affairs, 266 Spidle Hall.

_____ Am aware that final arrangements for my internship must be approved prior to confirming a start date.

Sign (below) and submit to the Apparel Design Internship Coordinator, Dr. Teel (kteel@auburn.edu) by **October 15 of the YEAR PRIOR TO** when you intend to intern.

Student's Signature

Date