

Submit by January 5, 2018 to:

Eileen Desmond
255 Agricultural Hall
Stillwater, OK 74078
eileend@okstate.edu



OKLAHOMA COOPERATIVE EXTENSION SERVICE SUMMER INTERNSHIP PROGRAM

Name: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

University: _____ College (i.e. CASNR): _____

Major/Minor: _____ Fall 2018 Classification: _____ GPA: _____

Internship Objectives: *Briefly describe your goals or reasons for applying for this internship, what you would like to experience, and/or projects you would like to coordinate in the internship.*

Have you ever worked in a county Extension office? Yes No

County Preference: *List three counties where you would be interested in interning, or indicate "No Preference."*

Academic Reference: *List a professor or other academic contact who we may use as a reference.*

Name: _____ Department: _____

Phone: _____ Email: _____

Availability: *Internships are 8-10 weeks in length. When could you start and end the internship? Are there any dates during the summer that you will be unavailable? Please list the dates and reasons.*

Please include an official copy of your transcripts or have them sent to:

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Supporting Documents: *Include a resume and any additional information that you believe may be helpful to your application. Additional information could include experience or membership in youth organizations, volunteer work, or anything else you think we should know. You may include up to 3 pages of supporting documents.*