***School of Science and Technology***

**INFORMATION TECHNOLOGY INTERNSHIP APPLICATION**

**Instructions:**

1. Submit this complete form along with a **copy of your resume**. Name the file ***Lastname\_FirstName\_Resume***, Smith\_John\_Resume, for example.
2. Email to Dr. Lissa Pollacia, lpollaci@ggc.edu

Completion of this application does not guarantee your acceptance into the internship program and/or enrollment in ITEC 4900.

# Student Information

|  |  |
| --- | --- |
| Name:        | GGC Student ID#: 900      |
| Mailing address:         | GGC Email address:       |
| City:       State:       zip code:       | Telephone number:        |
| Proposed Internship Semester:  | Fall 20\_\_ Spring 20\_\_ Summer 20\_\_ |
| Expected Semester of Graduation:  | Fall 20\_\_ Spring 20\_\_ Summer 20\_\_ |

|  |  |
| --- | --- |
| ITEC Concentration:       | (Enterprise Sys, Sys & Security, Software Dev, Digital Media, or Data Analytics) |
| Student classification:       | (Junior or Senior)  |
| Pre-requisite courses: ITEC 2150 Intermediate Programming ITEC 3100 Introduction to NetworksITEC 3200 Introduction to DatabaseITEC 3900 Professional Practice & Ethics | Semester which you completed this course:                     |
| Overall GPA:        |  |

# GGC Mentor Information

|  |  |
| --- | --- |
| GGC Mentor Name:  |        |
| GGC Mentor Email: |       |

# Student internship interests and strengths:

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| Describe your major interests and strengths:       What type of internship are you looking for, such as software development, security, SAP, database, etc:      Are you interested in an internship focused mainly on Programming and Software Development (yes/no):      |

# Internship Information

**Do you have a proposed Internship prearranged with a company or organization?** [ ]  Yes [ ] No

**If yes, then provide the proposed Internship information:**

|  |  |
| --- | --- |
| Name of organization: ­­­­­­­­­­­­­      | Focus (software development, networking etc.):       |
| Street address:        | City:       |
| State:       | Zip code:       |
| Telephone number:         | Name of internship manager:       |
| Authorization to Release Resume |  |
| As a condition of my participation in an educational training program and with respect thereto, I hereby waive my privacy rights, including but not limited to any rights pursuant to the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g(b)(2)(B), and grant my permission and authorize Dr. Lissa Pollacia, ITEC Internship Coordinator, to send my resume (as I have submitted to her) to any interested companies or organizations on my behalf as I am seeking an internship.  |
|  |  |

I certify that the information contained in this application is true, correct, and complete. I understand that false statements reported on this application may be considered sufficient cause for denial of Internship.

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Print name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_