REQUEST FOR AN INTERNSHIP
(Please type)

Department of Agricultural economics and Agribusiness
Louisiana State University and A & M College
Baton Rouge, LA 70803-5604

Name:

Firm or agency preference:

Local address and telephone number:

1.  
2.  
3.  

Location preference:

Permanent address & telephone number:

1.  
2.  

Semester of interest:

Overall LSU GPA :

Expected graduation date:

Class: SO JR SR

Honors and awards:

Major or Minor:
Previous Work Experience:

Career Objectives:

ATTACH ONE COPY OF YOUR CURRENT LSU TRANSCRIPT WITH THIS FORM.

I hereby authorize the release of the information provided above to firms or agencies interested in participating in the Internship Program.

_________________________________  __________________
Signature of Student                  Date

_________________________________  __________________
Signature of Department Faculty Advisor Date