

Bemidji State University
Criminal Justice Internship
(CRJS 4970)

Name of Student: _____

Local Address: _____
(During Internship)

e-mail address: _____

Student BSU ID#: _____

Semester of Internship: _____

Starting Date: _____

Agency: _____

Agency Address: _____

Agency Telephone Number: _____

Name of Supervisor: _____

Supervisor's E-mail: _____

Expected days and hours of internship: _____