



Request for Intern

EAM 4106 – Practicum/Internship

Company/Organization Name:		Department:	
Supervisor Name:		Title:	
Address:			
City:		State:	Zip:
Email:	Phone:	Fax:	
Website:			
Number of Interns Requested:		Internship Closing Date (if any):	
Term of Internship*:		Hours Per Week:	
Compensation:	<input type="checkbox"/> Unpaid <input type="checkbox"/> Paid:	Travel/Living Expense:	<input type="checkbox"/> None <input type="checkbox"/> Yes-Partially <input type="checkbox"/> Yes-In Full
Internship Location (if different from above):			
Job Description:			
Required Skills and Qualifications:			
Interested students should contact (who) at (phone, email or address) with (what documents).			

***Spring Term:** January – Early May; **Summer Term:** June – Early August; **Fall Term:** Mid-August – Early December

Student interns must be provided with a minimum of 400 hour of internship experience with work in a pre-professional capacity, and not merely a clerical capacity. Interns are expected to gain exposure to substantive areas related to emergency management in their work. Supervisors will be expected to evaluate the intern's performance at the end of the internship. Submission of this request is an agreement to the above stated conditions.

Submit requests to: **Jamie Earls**, Assistant Professor – Internship Coordinator
 Department of Emergency Management at Arkansas Tech University
 402 West O Street, Dean Hall Room 107e, Russellville, AR 72801
Office: 479-880-4046 **Fax:** 479-356-2091 **Email:** jearls@atu.edu