

St. John's University
Division of Library & Information Science
Organizational Application to Host Interns

Note: Please complete one form for each separate department or division

Name of Organization _____
Department/Division/Unit _____
Street Address _____
City _____ State _____ Zip _____
Contact Person _____ Title _____
Phone (____) _____ FAX (____) _____
E-mail _____
Chief Administrator: Name _____ Title _____
Phone (____) _____ FAX (____) _____
E-mail _____

Type of setting (check all that apply):

Elementary School Middle School
 High School Public School Private School
 Other Grades in School _____

Check all semester(s) during which you can host an Intern:

Fall Semester (mid-September until calendar year end)
 Spring Semester (late January to early May)
 Summer Semester (early June to late August)

Signature _____ Title _____ Date: _____

Please attach (1) current literature about the Institution, (2) a brief description of each potential job or project, and (3) a brief vita or resume for each supervisor of Interns.

Send this application and all accompanying materials to Dr. Nancy Everhart, Division of Library and Information Science, St. John's University, 8000 Utopia Parkway, Jamaica, NY 11439

