

**Department Of Justice Administration
University of Louisville
Internship Application JA 450/690**

Name _____ Social Security # _____
Home Address _____ Phone(____) _____
Local Address _____ Phone(____) _____

Have you ever been convicted of a felony? Yes No
If yes, explain: _____

Do you now have your own transportation available? Yes No
Date of Birth ____/____/____ Citizen? Yes No

Drivers License Number: _____ State _____

List the agency title and city of the three most preferred placements.

1. _____
2. _____
3. _____

Number of credits completed to date: _____ GPA _____

What courses have you taken that would assist you in this placement? List significant work experience. Include volunteer work.

I understand that JA 450/690 are graded courses. Receiving a failing grade in the internship **could** result from one or more of the following circumstances:

- **Termination of the internship by the agency supervisor**
- **Violation of professional ethics**
- **Failure to meet academic requirements and deadlines**

I have read this course syllabus, understand its contents, and agree to abide by the provisions of the course syllabus and all departmental rules. I understand that if I terminate placement after processing has begun, further applications must be approved by the department chair.

Signature _____ Date _____