



Internship Application
 2500 Montgomery Street, Suite 6
 Louisville, KY 40212
 Tel: (502) 561-5422

Name _____

Address _____

Phone _____

Email _____

College/University _____

Major _____

Language(s) _____

Computer / Special Skills _____

Will this internship be for credit? _____

Please consider me for the Fall_____ Spring_____ Summer_____ semester(s)

Days available to work (specify proposed schedule):

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Times Available					

Will you be available on weekends or evenings if needed?

Internship Program Interest	Rank 1–5, 1 being first choice
Administration	
Marketing & Communications	
International Visitors Program	
Education Program	
Japanese Outreach Initiative	

Date: _____

Referred by: _____