



**RETAIL MANAGEMENT
 INTERNSHIP PROGRAM
 STUDENT INFORMATION**

IMPORTANT: Please attach a current resume with this application.

Which semester are you seeking this internship?

Spring

Summer

Fall

UF ID # _____

Name: _____
Last First Middle

Local Address: _____
Street Apt.#

City State Zip Code Local Telephone

Permanent Address: _____
Street Apt.#

City State Zip Code Permanent Telephone

UF email Address: _____

Birthday: _____ Ethnicity: _____ Are you a US Citizen _____
(in-house use only) Permanent Resident

Major: _____ Overall GPA: _____ Expected Graduation: _____

What is your ultimate career goal and how do you think this internship can help?

List names of the retailers in which you are most interested:

1. _____
2. _____
3. _____
4. _____

List the cities in which you would like to do your internship (summer only)

1. _____
2. _____
3. _____
4. _____

Do you have housing available in the above cities (if applicable?) Yes _____ No _____

Are you interested in pursuing the Certificate in Retailing? Yes _____ No _____

Check the number of credits you will be registering for: _____
(This is an optional course) **1** **2** **3**

Are you planning on taking any courses during your internship? Please list.

Signature

Date

RETURN THIS APPLICATION TO:
Miller Center for Retailing Education and Research
200 Bryan Hall
Gainesville, FL 32611

A picture (wallet size) and resume must accompany this application.