



PROFESSIONAL INTERNSHIP PROGRAM APPLICATION FORM

Recommendations may also be
Submitted via e-mail to:
Robert Thill, thill@cooper.edu

CENTER FOR CAREER DEVELOPMENT

Name: _____

Address: _____

Telephone: () - E-mail: _____

Expected Graduation Date: / /

**PLEASE LIST YOUR MOST RECENT WORK EXPERIENCE FOR FIRST.
INCLUDE DATES AND LOCATIONS WHENEVER POSSIBLE.**

Work Experience (please list the most recent position first) or attach a resume

Skills: _____

Areas of Interest: _____

What do you expect from an internship? _____

Two faculty recommendations are required. Please list faculty members below:

Date: / /

Two faculty recommendation must be submitted to the Center for Career Development. Without them the application will not be considered. Please return this form to the Center for Career Development, 29 Third Avenue, 3rd Floor, New York, NY 10003