



School of Public Service
14 E. Jackson Blvd., Suite 1600, Chicago, IL 60604
(312) 362-5564

MPS 610 PROFESSIONAL INTERNSHIP-CAPSTONE INTAKE FORM

- 1) Use this form to indicate your Professional Internship-Capstone interests and plan.
- 2) Submit a current resume with this form.

STUDENT INFORMATION

Name:	E-Mail:	
Student ID:	Phone:	
Current address:		
City:	State:	ZIP Code:

POTENTIAL INTERNSHIP TERM & YEAR

<input type="checkbox"/> Fall ____	<input type="checkbox"/> Winter ____	<input type="checkbox"/> Spring ____	<input type="checkbox"/> Summer ____
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Degree Program:

Why do I want a Professional Internship-Capstone?

Places I am interested in interning for the Capstone:

Capstone purpose and outline of Capstone goals:

Career goal:

Submit this request and resume to:
Michael Diamond, Ph.D.
Senior Professional Lecturer
Coordinator of Internships
School of Public Service
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