

# RIDER UNIVERSITY

## CAREER SERVICES EXTERNSHIP APPLICATION

“An **Externship** provides an opportunity to gain a snapshot view of a career by spending time shadowing a professional for a maximum of one week without any long-term or contractual agreement, compensation, or academic credit.”

**Date:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

**CURRENT PHONE:** \_\_\_\_\_

**PERMANENT ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

MAJOR	MINOR	CLASS YEAR

**Cumulative GPA:** \_\_\_\_\_ **GPA in Major:** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT OUR EXTERNSHIP OPPORTUNITIES?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HAVE YOU EVER DONE AN INTERNSHIP? IF YES, WHERE?**

\_\_\_\_\_  
\_\_\_\_\_

**LIST EXTRACURRICULAR ACTIVITIES or ATTACH A CO-CURRICULAR TRANSCRIPT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIST NAMES AND ADDRESSES OF TWO PEOPLE WHO WILL BE PROVIDING LETTERS OF RECOMMENDATION AT YOUR REQUEST:**

	<u>NAME</u>	<u>TITLE</u>	<u>PHONE</u>	<u>E-MAIL</u>
1.	_____			
2.	_____			

I hereby \_\_\_\_\_ to waive my rights to access, as provided by the Family  
Agree/Do not agree  
Education Rights and Privacy Act of 1974, references received by Rider  
University concerning my candidacy for an Externship. (Note: Your decision to  
agree or not to agree will not affect your candidacy in any way.)

_____	_____
SIGNATURE	DATE

**APPLICATION DEADLINE: By the end of Fall semester**

**RETURN TO:** Office of Career Services  
2083 Lawrenceville Road  
Lawrenceville, NJ 08648-3099

**RIDER UNIVERSITY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER  
AND DOES NOT DISCRIMINATE IN ITS EMPLOYMENT PRACTICE BASED ON NON JOB-  
RELATED CRITERIA.**