

Social Work Internship Request Form

STUDENT INFORMATION	
Name	
Email	
Phone	
Program Type (Full-Time, Part-Time, or Advanced Standing)	
Number of term hours needed	
Are you a current University of Cincinnati student?	
Are you a current Lindner Center of HOPE employee?	

UNIVERSITY INFORMATION	
University Name	
Expected Graduation Date	
Area of Interest	
Site Coordinator Name	
Site Coordinator Email	
Site Coordinator Phone Number	

LICENSE (if applicable)		
Active License State	Active License Number	License Expiration Date

CPR CERTIFICATION	
CPR Agency	
CPR Expiration Date	

REFERENCE	
Reference Name:	
Reference Email:	
Reference Phone Number:	

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CLINICAL INTERNSHIP EXPERIENCE List all prior internship experiences.			
Site Name/Location	Name of Preceptor	Dates	Hours

LEARNING GOALS List two learning goals for this requested internship (a sentence or two).	
1.	
2.	

CAREER GOALS List one career goal (a sentence or two).	
1.	

SOCIAL WORK INTERNSHIP REQUEST FORM & A COPY OF YOUR MOST RECENT RESUME/CV MUST BE SENT TO SWStudents@LindnerCenter.org.