2009 FALL/SUMMER INSURANCE INTERNSHIP CANDIDATE INFORMATION FORM

Please type or print in ink.

1. **Please include at least six copies of your current resume (paper clipped to this form). Your resume should include your GPA, a list of insurance courses completed, and expected date of graduation.**
2. **Email a copy of your current resume to Sara Mays at smays3@isugw.indstate.edu**
3. **Resumes will be sent to sponsoring organizations.**
4. **Return completed materials to the Insurance and Risk Management Program Office, College of Business, Room 905 or 922 or email completed form to Sara Mays at smays3@isugw.indstate.edu**
5. **Deadline is December 12, 2008.**
6. **All students should sign up to meet with Rebecca Shorter to discuss options. Thank you.**

Name:_____
First MI Last

Campus Address:_____Student ID:_____

Permanent Address: _____

Campus Telephone: (_____) _____ Permanent Telephone: (_____) _____

Preferred e-mail address:_____

Major(s): _____ Minor(s): _____ Anticipated date of graduation: _____

University Cumulative GPA: _____ GPA in Business courses: _____ Major GPA: _____

Insurance courses completed at ISU: _____

Insurance courses in-progress (Fall 08/Spring 09) at ISU: _____

Semester in which you will be enrolled in INS 439: Summer II 2009_____Fall 2009_____

If you have any of the following preferences, please indicate them.

Geographical location: _____ Specific company: _____

Industry: L/H _____ P/C _____ Functional areas: _____

The above information and that on my resume is correct. I understand that I represent ISU and the Insurance Program as I interview for and work at any internship arranged through the Program. If I enroll in INS 439, I understand that a paper is required for completion of credit in the course. Further, **ANY** internship that is arranged through the Insurance and Risk Management program **requires** weekly submission of daily & weekly reports. This is so that the Intern Program Coordinator and faculty are kept informed of what is taking place within the organization where I am representing ISU and the Insurance and Risk Management Program. I also understand that I am not guaranteed an internship and that my above information may be shared with employers.

Date: _____ Signature: _____

DEADLINE FOR RECEIPT OF INFORMATION FORM: December 12, 2008.