		Official Use Only
	FORM V INTERNSHIP SCHEDULE	Proposed:
WIU Student ID Number:		Approved:
Name:(Last Name)		verall GPA:
Internship Semester:(Fall)	(Spring) (Summer) WIU L	EJA GPA:
WIU E-Mail Address:		
Ago	ency Preferences and Record Numbers	Number of Weeks
First Selection:		
Alternate Selection:		

I have read the required internship materials, which was outlined at the mandatory LEJA internship meeting, including the *Internship Program Policies and Procedures* manual located on the School of Law Enforcement and Justice Administration's web site, www.wiu.edu/leja (Current Students). Additionally, I understand my responsibilities as outlined under *Responsibilities of Student*, within the LEJA Internship manual.

_First Semester Senior (90-104 hours)

Student's Signature:	Date:	
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