

Application for Internship – Collection Access Management Services

Student Name _____

University Affiliation _____

Current Address _____

Telephone Number _____ E-mail _____

Requested Semester & Year of Internship

Fall 20__ Spring 20__ Summer 20__

Credits completed prior to internship _____

Coursework completed:

Please indicate major areas of internship interest:

Administration

Archives

Authority Control

Cataloging

Collection Development

Database Maintenance

Digital Libraries

Electronic Resource Management

Service Assessment

Special Collections

Other: _____

What do you anticipate are the principle goals or purposes of this internship?

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What do you hope to learn from this internship experience?

How do you plan to use this internship experience in your present or future career?

Please comment on any special interests or projects you feel relate to this internship:

Please comment on any personal qualifications or work experiences which you feel are relevant to this internship:

Please add any additional comments you would like to make:

Please return this form to:

Luiz H. Mendes, Chair
Collection Access Management Services
Oviatt Library
California State University, Northridge
18111 Nordhoff Street
Northridge, CA 91330-8328

or email to: luiz.mendes@csun.edu