

Application for Internship – Collection Access Management Services

Student Name:	
University Affiliation:	
Current Address:	
Telephone Number:	Email:
Requested Semester & Year of Internship	
Credits completed prior to internship:	
Coursework Completed:	
Please indicate major areas of internship intere	st:
Administration	Archives
Authority Control	Cataloging
Collection Development Digital	Database Maintenance
Library Services	Electronic Resource Management
Assessment	Special Collections
Others	
Other:	

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

Application for Internship – Collection Access Management Services – Page 2

What do you hope t	o 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 internship:	any personal qualifications or work experiences which you feel are relevant to this
Please add any addi	tional comments you would like to make:
Please return this fo	rm to:
Coll Univ Cali 181	s Bulock, Chair ection Access Management Services versity Library fornia State University, Northridge 11 Nordhoff Street thridge, CA 91330-8328

Or email to: christopher.bulock@csun.edu