



UNIVERSITY OF
**CENTRAL
ARKANSAS™**

UCA Intern of the Year

Nomination Application Form

Date: _____

Student Nominee

Name: _____

Address: _____

Phone: _____

E-mail: _____

Major: _____

Cumulative GPA: _____

Currently enrolled in classes at UCA: ____ YES ____ NO

University Nominator Contact

Name: _____

College & Department: _____

Phone: _____

E-mail: _____

Employer Nominator Contact

Name: _____

Address: _____

Phone: _____

E-mail: _____

Company Website: _____



UNIVERSITY OF CENTRAL ARKANSAS
INTERNSHIPS AND
COOPERATIVE EDUCATION