

DEPARTMENT OF ACCOUNTING, ECONOMICS AND FINANCE
Framingham State University
Application for VITA Program

Student's Name: _____ FSC Student ID#: _____

Local Address: _____

Email Address: _____

Phone: (home) _____ (mobile) _____

Major & Concentration: _____

No. of credits completed: _____

GPA: _____

Anticipated semester of Graduation: _____

Check appropriate status: Full-time undergraduate Part-time undergraduate
 Continued Education

Signature of Student: _____ Date: _____

For Faculty Only

Signature of Faculty Internship Supervisor: _____ Date: _____

Print name: _____

Signature of Department Chair: _____ Date: _____

Print name: _____