INTERNSHIP REQUEST
NORTH DAKOTA HIGHWAY PATROL
SFN 60027 (9/2011)

First Name	Full Middle Name	Last Name	Telephone Number	
Address		City	State	ZIP Code
Date of Birth	Driver's License Number	State Issued	E-Mail Address	
College		Number of Semester Hours Completed	Number of Internship Hours Requested	
Major	Advisor's Name		Advisor's Telephone Number	
Reason For Request				
Applicant's Signature		Date		

The following to be completed by the North Dakota Highway Patrol

Criminal Records and Driver's License History

NCIC	Checked By	Date	Status
CWIS	Checked By	Date	Status
Criminal Records	Checked By	Date	Status
Driver's License	Checked By	Date	Status

Number of Internship Hours Approved	Approved By	Date

Comments		
Authorization Signature	Date	

Completed Release of Liability (SFN 3446), must be submitted with this application.
Original to be maintained on file at the originating office.