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Department of Public Health
Office of Government Relations
Internship Program

Candidate Application (please type)

Name:_____

Your Address and Telephone Number at School:
Street Address _____Apt #_____
City _____State _____Zip Code_____
Telephone Number ( )_____

Your Address and Telephone Number at Home:
Street Address _____Apt #_____
City _____State _____Zip Code_____
Telephone Number ( )_____

Cellular Phone Number: ( )_____
E-mail Address: _____

College Attending This Semester_____
Degree Sought _____
What is your Major?_____
Place an X next to the appropriate selection:
Freshman_____ Sophomore_____ Junior_____ Senior_____
Graduate _____ Other _____

Grade Point Average or Grade:
Overall_____ For Major Field _____

Applying For: _____ Full-Time Internship (5 days/week)
_____ Part-Time Internship
_____ Other (Please Specify)_____

Which Semester:_____ Winter
_____ Spring
_____ Summer
_____ Fall

Number of academic credits you will receive for Internship: _____

What academic courses have you taken that have prepared you for this internship?

_____
_____
_____
_____
_____

What additional activities or experiences have you had that you believe will Qualify you to be an Intern? (use additional sheet if necessary)

_____
_____
_____
_____
_____

Brief essay, please explain your reasons for applying for an internship. (use additional sheet if necessary)

_____
_____
_____
_____
_____
_____

Applicant's Signature: _____ **Date:** _____

Campus Advisor's Signature _____**Date:** _____

Title _____

***Please return completed form to*:**

Jill Kentfield
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