



Denise W. Merrill
SECRETARY OF THE STATE
CONNECTICUT

INTERN APPLICATION FORM

Date: _____

Name: _____

School: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Undergraduate Graduate For Credit? Yes No

Dates available for internship: _____ through _____.

Please note days and times available: _____

Please indicate the divisions in which you are most interested in working:

- Executive Legislative and Elections Administration
 Management and Support Services Commercial Recording

Faculty Advisor: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

✓ Please provide a copy of any requirements your school's program has of this office to insure you receive the proper credit or certification for your work at the office of the Secretary of the State.

✓ Please attach a cover letter including a brief description of your objective for interning with the Secretary of the State. Please attach a copy of your resume.

Emergency Contact Information:

Name: _____

Address: _____

Telephone: _____