



**APPLICATION FOR INTERNSHIP**

Date: \_\_\_\_\_

Student Information			
Name:		Email:	
Address:		Apartment/Unit #:	
City:	State:	Zip:	Phone:
Emergency Contact Name:		Emergency Contact Phone:	

Current School Information	
Name and Program:	
Degree Type: <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate	If Graduate: <input type="checkbox"/> Clinical <input type="checkbox"/> Macro Placement: <input type="checkbox"/> 1 <sup>st</sup> Year <input type="checkbox"/> 2 <sup>nd</sup> Year <input type="checkbox"/> Doctoral
Seeking an Internship for: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	If Undergraduate: <input type="checkbox"/> Junior <input type="checkbox"/> Senior
School Advisor:	Phone:

**Please describe any relevant experience you have had in the social service field.**


**How would you like to get involved as an intern? What role do you see yourself taking?**


**Which programs/departments are of interest to you, considering type, services, age, population etc?**


**Please list relevant logistical details (i.e., you need a T-accessible program/have a car, schedule needs etc).**
