

**Internship Application – HLTH 4900**

DIRECTIONS: The completed application is due **OCTOBER 15** for the following spring session; **JANUARY 15** for the following summer session; and **APRIL 15** for the following fall session. Return the completed application, your resume, and your internship objectives to the Internship Coordinator, Health Promotion Department.

Name: \_\_\_\_\_

Banner ID#: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Completed:  
HLTH 3300:\_\_\_\_\_ HLTH 3650:\_\_\_\_\_ HLTH 4100:\_\_\_\_\_ HLTH 4700:\_\_\_\_\_

Overall GPA: \_\_\_\_\_ HLTP GPA: \_\_\_\_\_ (MUST BE A 3.0 IN ORDER TO INTERN)

Anticipated date of graduation: \_\_\_\_\_

List in order of preference, the three agencies (or areas of health promotion/education) in which you would like to take your internship. If possible, include the name of the director, address, and phone number for agencies listed.

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

1. Address and telephone number where you will be living during internship:

\_\_\_\_\_

2. Emergency Contact (name, relationship and phone number):

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**PLEASE INCLUDE A COPY OF YOUR MOST RECENT RESUME AND A LIST OF INTERNSHIP OBJECTIVES WITH THIS APPLICATION**