

**COLLEGE INTERNSHIP PROGRAM  
INTERNSHIP FOR COURSE CREDIT**

**TO BE COMPLETED BY THE STUDENT**

**PURPOSE:** Enable students to obtain applied learning experience which will complement and extend the traditional educational process. The experience should also aid the student in the exploration of potential career opportunities, and assist the student in identifying his/her personal and educational goals.

**Obligations of the Student:**

1. Submit a detailed outline of the proposed program, including a statement of goals.
2. Actively participate in the field experience to a degree commensurate with the unit credit requested.

**FULL NAME:** (Last, First Middle)

**SOCIAL SECURITY NUMBER:** (LAST 4 DIGITS)

XXX-XX-\_\_\_\_\_

**MAILING ADDRESS:**

**TELEPHONE:** \_\_\_\_\_ (home)

\_\_\_\_\_ (mobile)

**EMAIL:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

Male  Female

**APPLICATION PERIOD:**  2011  2012

Summer (deadline May 1)  Fall (deadline July 1)  Spring (deadline November 1)

**ACADEMIC LEVEL:**

Freshman  Sophomore  Junior  Senior  Graduate Student

**COLLEGE/UNIVERSITY** \_\_\_\_\_

**MAJOR** \_\_\_\_\_

**WHICH AREA(S) OF THE DEPARTMENT OF HEALTH WOULD YOU LIKE TO INTERN?**

Healthcare Management

Community and Family Health

Policy Planning and Evaluation

Health Regulation and Licensing

Health Emergency Preparedness and Response

Addiction Prevention and Recovery

HIV/AIDS, Hepatitis, STD, and Tuberculosis

**How did you learn about the DOH College Internship Program?** \_\_\_\_\_

\_\_\_\_\_

