



Government of the District of Columbia
Department of Health



COLLEGE STUDENT INTERNSHIP PROGRAM APPLICATION
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.

PERSONAL INFORMATION

FULL NAME: (Last, First, Middle)

SOCIAL SECURITY NUMBER: (Last 4 Digits)

XXX-XX-_____

MAILING ADDRESS:

TELEPHONE: _____ (home)

_____ (mobile)

EMAIL: _____

DATE OF BIRTH: _____

APPLICATION PERIOD: Year of _____

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

ADDRESS WHERE ALL CORRESPONDENCE SHOULD BE SENT: Current Permanent

ACADEMIC INFORMATION

ACADEMIC LEVEL:

- Freshman Sophomore Junior Senior Graduate Student

COLLEGE/UNIVERSITY

Major: _____ Date(s) Attended: _____

Degree: _____ Expected Graduation Date: _____

ABOUT THE INTERNSHIP

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

- Center for Policy, Planning and Evaluation
- Community Health Administration
- Health Emergency Preparedness and Response Administration
- Health Regulations and Licensing Administration
- HIV/AIDS, Hepatitis, STD, and Tuberculosis Administration
- Office of the Director

How did you learn about the DOH College Internship Program?

- Yes No Have you made arrangements with your college/university to receive academic credit for an internship if it is awarded?

(Please note: Students cannot be paid and receive academic credit for an internship.)

SUPPORTING DOCUMENTS

COMPLETED APPLICATIONS MUST CONTAIN THE FOLLOWING:

- Completed DOH College Internship Program Application**
- Current Resume**
- Two (2) Letters of Recommendation:** Recommendations should come from a college advisor and/or professor. Recommendation forms and letters must be sent from the advisor/professor to doh.internship@dc.gov.
- Academic Transcripts:** Unofficial copies are acceptable.

The application deadlines are July 1, November 1 and May 1.

ELIGIBILITY REQUIREMENTS

Eligibility Requirements: Students must be enrolled at an accredited institution of higher learning throughout the duration of the internship to qualify to participate in the Department of Health College Student Internship Program. Specifically, undergraduate students must be enrolled at least one semester or quarter prior to the submission of his or her application; be currently enrolled and in good standing throughout the duration of the internship at an accredited college, university, trade/vocational school, or business school that offers a degree, diploma, or certificate at the time of your application submission; undergraduate students must maintain a "C" average or above under the system of grading used by the institution. (Official school documentation is required. Graduate students must maintain a "B" average or above under the system of grading used by the institution; and must maintain enrollment status throughout the duration of the internship. (Official school documentation is required.) College seniors must be enrolled in a graduate program beginning in the fall. Proof of enrollment (letter of acceptance) will be required if accepted into the internship program.

SIGNATURE: _____ DATE: _____