

## Internship Application



### Personal Information

\_\_\_\_\_  
Last Name                      First Name                      MI

\_\_\_\_\_  
Street Address                      City                      State/Zip

\_\_\_\_\_  
Phone Number                      Cell Phone                      E-mail

### Educational Information

College currently attending or graduated from \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Major \_\_\_\_\_

Anticipated/graduation date \_\_\_\_\_

### Area of interest at CUPHD for internship:

\_\_\_\_\_ Dental                      \_\_\_\_\_ Environmental Health

\_\_\_\_\_ Infectious Disease                      \_\_\_\_\_ Maternal & Child Health

\_\_\_\_\_ Wellness & Health Promotion

\_\_\_\_\_ Other (please specify particular program) \_\_\_\_\_

How were you referred to CUPHD: \_\_\_\_\_

Are you requesting a paid internship: \_\_\_\_\_ yes      \_\_\_\_\_ no

Is this internship a requirement for your degree: \_\_\_\_\_ yes      \_\_\_\_\_ no

Anticipated timeframe (start & end date) of requested internship: \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

*For Office Use Only:*

Application received on: \_\_\_\_\_ By: \_\_\_\_\_