



Name: _____ Date: _____
(Please Print Clearly)

Address: _____
Street Apt. # City State Zip

Phone Numbers with Area Codes: H: _____ W: _____ C: _____

Email address: _____
(Please Print Clearly)

Any questions, please email internship coordinator Victoria Jones, vmaher@memphis.edu or 901-678-2068

To indicate your interest in participating in a year-long or single semester internship, please mark all of the slots below that apply. I am applying for an undergraduate internship placement for:

Fall ____ 20 ____; Spring ____ 20 ____; Summer ____ 20 ____

Anticipated needed Internship/Volunteer required hours _____

Undergraduate Degree being pursued:

Institution _____ Date to be completed _____

Degree _____ Cumulative GPA _____

Major _____ Minor _____

Faculty Advisor and contact _____

Faculty Internship Coordinator if applicable and contact _____

Other Degree(s) earned as applicable:

Institution _____ Date Completed _____

Degree _____ Cumulative GPA _____

Major _____ Subspecialty _____

Please describe your previous related work/volunteer experience: (Attach additional sheets as deemed necessary)

If you have completed other internships, please indicate type of experience and site:

What interests you in applying for internship at Student Health and Counseling Services?

What are your long-term career goals?

Please list the schedule of courses you will be taking during the semester of which you are applying (please include days and times):

Do you intend to be employed on campus (assistantship, job, or work study) or off campus (job or internship) during the internship? If yes, please list type of employment and the number of hours you plan to work.

References

Name _____

Relationship _____

Contact Information _____

Name _____

Relationship _____

Contact Information _____

Name _____

Relationship _____

Contact Information _____

Applicant's Signature

Date