



Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print Clearly)

Address: \_\_\_\_\_  
Street Apt. # City State Zip

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_  
(Please Print Clearly)

Any questions, please email internship coordinator Victoria Jones, [vmaher@memphis.edu](mailto: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**