

Internship Application

		Applicant Information					
Full Name:	Date:						
	Last	First	М.І.				
Address:							
	Street Address		Apartment/Unit #				
Permanent	City		State	ZIP Code			
Address:							
	Street Address		Apartment/Unit #				
	City		State	ZIP Code			
Phone: ()	E-mail Address	:				
Cell: ()						
4 Week Inte	ernship Timeframe: (be spe	ACP Member #	:				
YES NO							
Have you received approval to apply for this internship from your advising Dean?							
Education							
Collogo		Major/ Minor:					
College:		MILIOL.					
From:	To:	Graduation Date:	Completed Credits:				
College:		Major/ Minor:					
From:	To:	Graduation Date:	Completed Credits:				
TIOIII.	10.	Major/	Completed Credits.				
College:		Minor:					
From:	To:	Graduation Date:	Completed Credits:				
		Training					

What specialty/training do you plan on entering?

List classes you have taken, along with any special skills that would qualify you for this internship

Please describe your interest in the political process. Experience in political affairs in not necessary for this internship, but we would like to know if you have a particular interest in current political affairs.

For Internal Purposes Only						
Application	Dates	Credit	Housing			