

APPLICATION FOR LOCAL INTERNSHIP-RESEARCH PROGRAM

e-mail the completed application to: local-internship@ucsd.edu

APPLICANT INFORMATION

Name:

Student PID:

Major:

Phone:

Current address:

City:

State:

ZIP Code:

Year: JUNIOR SENIOR

Cumulative GPA:

Major GPA:

UCSD e-mail address:

PAST INTERNSHIP/JOB EXPERIENCE?

Employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle one)

Employer:

Address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle one)

INTERNSHIP INTERESTS (list in order of preference the type of internship or specific organization in which you are interested)

1.

2.

3.

4.

SIGNATURE OF APPLICANT: