# Appendix A

## Internship Application – HLTH 4990

DIRECTIONS: The completed application is due SEPTEMBER 28 for the spring session; February 28 for the summer session; and March 28 for the fall session. Late applications are not guaranteed an internship. Complete this form with two internship options (in order of preference) you wish to pursue. If you need help selecting these agencies see the internship coordinator.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_M#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_ Internship semester: \_\_\_\_\_\_\_\_\_\_Hours of internship: \_\_\_\_6 hrs\_\_\_\_9hrs\_\_\_12 hrs

Advisor’s signature verifying number of hrs needed in internship and completion of required section of health courses.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Overall GPA: \_\_\_\_\_\_\_\_Major GPA

Check the classes you have completed or are currently registered in:

HLTH 3590 Workshops & Instruction Methods in Health Edu\_\_\_\_\_\_

HLTH 4450 Tech Apps\_\_\_\_\_

HLTH 4810 Measurement and Evaluation\_\_\_\_\_

HLTH 4870 Methods of Communication and Marketing in Health Ed\_\_\_\_\_

Preferred Agencies for Internship Do not interview at these sites until the MTSU supervisor has given you permission.

1 st Choice: Agency or Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 nd Choice: Agency or Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit your resume along with this form. Your resume should be reviewed by the Career Center prior to submitting to the Internship Coordinator.