



INTERNSHIP APPLICATION

Name: _____

Home Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Phone: _____ Date of Birth: _____

College/University Address:

City: _____ State: _____ Zip: _____

Phone: _____ Best E-mail _____

Major: _____ Minor: _____

Faculty Advisor: _____ Phone: _____

Year in school (circle/highlight): FR SO JR SR GRAD Other _____

Your College/University schedule: Semesters _____ Trimesters _____ Other _____

Relevant Coursework and Experience: (Please use more space if needed):

Do you expect to receive credit for this Internship? Yes No

Will your advisor require progress reports? Please explain.

Proposed Dates of Internship: _____ **To** _____ *(Please check your academic schedule)*

Internship position you are applying for: _____

Days available (circle/highlight all that apply): M T W Th F Sa Su

hours/day: _____ # hours/week: _____

Do you know of any restrictions on your availability?

How did you learn of this internship? _____

What is your "need to know by" date? _____

Explain: _____

Please enclose as your application the following materials:

___ Cover letter ___ Resume ___ Transcript (un-official) ___ 2 Letter(s) of recommendation

___ Recent Paper (graded by instructor, scanned copy acceptable)

Please email all files (.doc, .docx, or .pdf) to info@dcpmail.org.
Due to our field schedules, hard copy applications will not be accepted.