

Community Health Internship Application

Name _____ Date _____

(Current) Address _____

Phone _____

Social Security Number _____ Credits Requested _____

E-mail address _____ (6, 8, 12 Semester Cr.)

1. When do you plan to complete your internship assignment?

Semester _____ Year _____

2. Where is your preferred internship location?

First Choice Agency Name _____ Phone _____

Agency Address _____ Contact Person _____

Second Choice _____ Agency Name _____ Phone _____

Agency Address _____ Contact Person _____

(At least one choice must be an agency not located in St. Cloud)

3. What influenced your choice of agencies?

4. Do you have any "special" requests for your internship assignment?

5. What are the personal and professional goals you hope to achieve during your internship assignment?

Your internship application will be judged in part by the following:

1. Successful completion of program course work (Please attach a current copy of your transcript.).
2. Agency Availability.
3. Agency location.

Note: This application must be submitted no later than mid-semester of the semester preceding the internship experience.

INTERNSHIP ELIGIBILITY REQUIREMENTS

1. **Admitted to community health major.**
2. **Completed 2/3 of all credits in the major, including HLTH 220, Public Health**
3. **Minimum GPA of 2.5 overall and in Community Health major courses.**
4. **Must be interviewed and accepted by the agency selected for the Internship before completing the Internship Application.**