

Application for Internship for Health Services Administration

Instructions: Students please complete this application for the internship experience.

Student's Printed Name	UIN	Grade Point Average
Semester and Year for Internship <i>(Fall, Spring, or Summer)</i> <i>What semester and year do you plan to graduate?</i>	Student Identification Card Yes No	
	State Identification Card Yes No	
Address when doing the internship:	City	State & Zip Code
Cell phone: () Alternative phone: ()	ODU E-mail:	
When was major declared?	Attach Current Resume	
Name of agency/clinic/hospital/agency where internship is to be conducted.		
Name and job position of Preceptor:		
What do you expect to gain from an internship experience in Health Services Administration?		

Signature: _____

Date: _____