

# **CPH:4850 Undergraduate Public Health Internship**

## **Application Form**

### **STUDENT INFORMATION**

Student Name:

UID  
Number:

UI GPA:

Hours  
Earned:

Email:

Phone:

### **COURSE INFORMATION**

Term Requesting Credit:

Credit Hours Requesting:

### **EMPLOYER INFORMATION**

Organization Name:

Organization Address:

Supervisor Name:

Phone:

Supervisor Title:

Email:

### **JOB INFORMATION**

Internship Job Title:

Work Hours Per Week:

Paid/Unpaid

Specific Training Required:

Internship Start Date:

Internship End Date:

Please provide a brief (but specific) description of the mission/purpose of the organization.

Describe how this internship is related to public health. Be specific.

Please provide a list of each of the activities that you will be involved with during your internship and for each activity, provide a brief description of what that activity may entail.

Given the above list, what percent (%) of your time will be delegated to each activity over the course of the semester? Percentages should add up to 100%. A miscellaneous/other activity category is allowable.

[illegible]

What are your personal goals for this internship?

What skills do you want to learn or practice during this internship?

What do you want to learn about the organization/field?

How will this experience help you to achieve your future educational goals? Be specific.

How will this experience help you to achieve your future career objectives? Be specific.

Supervisor Signature:

Date: