



SEMESTER-IN-PRACTICE PROGRAM APPLICATION- DOMESTIC PLACEMENTS

APPLYING FOR THE: _____

LAST NAME: _____

FIRST NAME: _____

EMAIL: _____

PHONE: _____

I AM A: _____

GRADUATING: _____

CURRENT GPA: _____

Have you taken other internships/clinics: _____

If yes, # credits: _____

List name of internships/clinic taken: _____

Provide required Supporting Documentation. Please include the following items in your application:

1. A copy of your resume.
2. A copy of your unofficial transcript (registrar generated, not a self-produced grade sheet).
3. A one page statement of academic purpose describing:
 - The type of internship opportunity you are interested in.
 - The specific educational objectives you hope to achieve through the internship.
 - How the opportunity relates to your career goals.

Additional steps: Please initial below to show your agreement to the following:

I understand that it is my responsibility to find my own housing in the city where I will be spending my semester away. In addition, I understand that I will bear all costs of transportation, housing, meals, and other living expenses.

Acknowledgement Initial: _____

Date: _____