APPLICATION

I would like to apply for admission to the U.S. Department of Education's Internship Program (TYPE or PRINT)

STUDENT INFORMATION						
NAME (last, first, middle)						
CURRENT ADDRESS						
CURRENT TELEPHONE						
PERMANENT ADDRESS						
 DATE OF BIRTH	·	/	/			
SOCIAL SECURITY NUM	BER					
COUNTRY OF CITIZENSI	HIP			M	F	
LANGUAGES SPOKEN (S						
COLLEGE OR UNIVERSI	ΤΥ					
Name						
Major	(SPΔ				

Expected Date of Graduation
Approximate Dates of Availability for Internship
I am applying for:
Fall semester 20 Spring Semester 20 January Term 20 Summer 20
While in Washington, I will be a (circle one)
Sophomore Junior Senior Recent Graduate Graduate
Student WORK EXPERIENCE
List all work experience, beginning with your most recent employer or submit current resume.
1. Employer
Address
Telephone Number ()
Dates of Employment
Title/Duties
2. Employer
Address
Telephone Number ()
Dates of Employment
Title/Duties

3.	Employer				
	Address				
	Telephone Number ()				
	Dates of Employment				
	Title/Duties				
•					
S	PECIAL SKILLS				
С	omputer Skills				
0	ffice Skills				