

ASPR STUDENT INTERN FORM

I. ASPR Student Intern Position

Date Available to start Internship:
Requested Duration of Internship(minimum 10 weeks):

II. PERSONAL INFORMATION

Name:		
Address:		
City:	State:	Zip Code:
Telephone No:	SSN:	
E-mail:		

III. HIGH SCHOOL EDUCATION

High School Name:		
City:	State:	Zip Code:
Date of Diploma:		

IV. UNDERGRADUATE/GRADUATE EDUCATION

Undergraduate College Name:		
City:	State:	Zip:
Major(s): Type of Degree:	Year:	GPA:
Graduate College Name:		
City:	State:	Zip:
Major(s): Type of Degree:	Year:	GPA:

V. TOTAL CREDITS COMPLETED

No. Of Undergraduate Credit Hours Completed:	
Semester:	Quarter:
Chief Undergraduate Subjects (show major on first line)	

No. Of Graduate Credit Hours Completed:	
Semester:	Quarter:
Chief Graduate Subjects (show major on first line)	

VI. WORK EXPERIENCE

Job Title:
Employer's Name:
Starting and Ending Dates:
Duties:

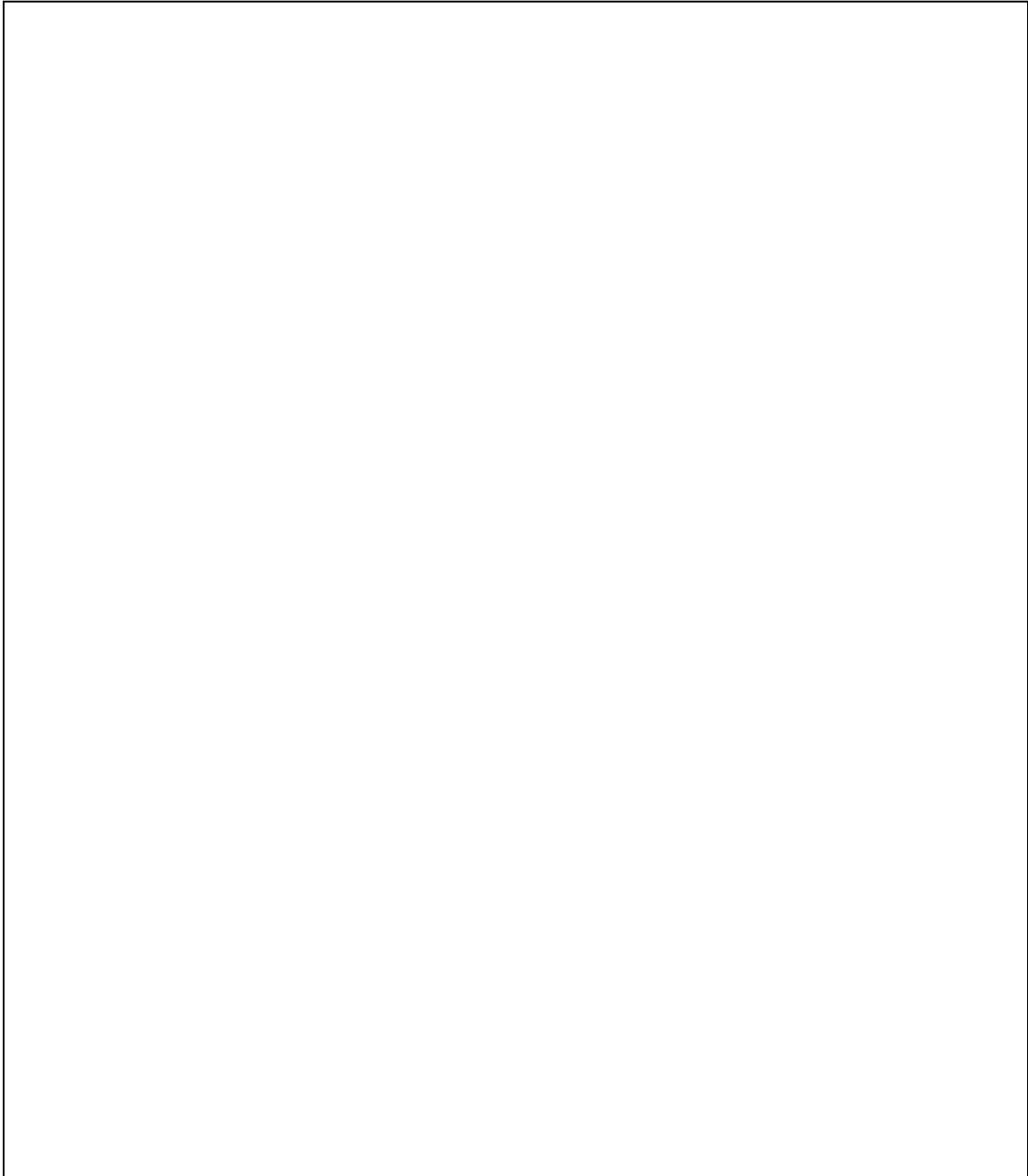
**List additional experience in a separate document or in the box provided below (pg. 4).*

VII. TECHNICAL SKILLS

VIII. AWARDS, HONORS, PUBLICATIONS

Provide a brief paragraph describing why your internship experience at ASPR will be beneficial to you:

Briefly discuss additional job experience that you possess (on or off campus):

A large, empty rectangular box with a thin black border, intended for the applicant to write their response to the question above.

Please remit applications to:
Subarnarekha (Suba) Jenkins
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330 C Street, S.W.
Washington, DC 20201
Phone: 202-401-5833
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