



## Internship Application

### Contact

Last Name

First Name

Middle Name

LUID (If applicable)

Email

Phone Number

Address

City

State/ Zip code

### Education

School/University Name

Classification (FR, SO, JR, SR)

Do you hold one or more degrees?

Yes

No

Expected Degree and Graduation Date:

Cumulative GPA:

List any academic and extracurricular clubs, organizations, professional societies, honor societies, etc.:

## **Internship**

**What are your Career Goals?**

**Why do you want to be an intern at the Student Health Center and Wellness Initiatives Department?**

**Internship Expectations and Total Hours needed:**

**Please attach Cover Letter and Resume to application and email to [healthandwellness@liberty.edu](mailto:healthandwellness@liberty.edu) with Subject Line: NAME\_TERM\_INTERNSHIP APPLICATION. (For Example: JOHN SMITH\_FALL 2021\_INTERNSHIP APPLICATION)**