



**ATMC INTERN APPLICATION
PLEASE PRINT**

Name: _____
Last First MI

Student ID #: _____ **Peoplesoft ID #:** _____
(if known)

Current Address: _____

Telephone #: _____ **E-mail Address:** _____

Permanent Address: _____

Permanent Telephone #: _____ **Emergency Telephone #:** _____

Work Authorization: U.S. Citizen _____ Authorization to work in U.S. Full Time _____
Authorization to work in U.S. for Curricular Practical Training Only _____ Other _____

College: _____ **Major:** _____ **Minor:** _____

Current Academic Standing: Sophomore* _____ Junior _____ Senior _____ Graduate Student _____

Number of hours/week available: _____ **Available for summer:** Yes ___ No ___

Please explain why you are interested in an internship opportunity with the ATMC. **(If you are a sophomore applicant – Please provide information of prior experience and/or qualifications for early intern placement.)*

Please provide the names of 2 faculty members who could provide a reference on your behalf.

Name Campus Extension

Name Campus Extension