

**BIO 189 - Health Sciences Internship Program
Student Application**

Name _____

Student ID # _____ Class Level _____

UCSC Email address (required) _____

Local address (city, state, zip) _____

Phone _____ Anticipated graduation date? _____

Major _____ Are you a transfer student? _____

Do you speak a language other than English? _____ Which one(s)? _____

Quarter of internship: Fall 20___ Winter 20___ Spring 20___ Summer 20___

How many units will you be taking (Including the internship)? _____

Type of internship desired? *Expand on this in Part 2 of your application*

If you know of a specific place you would like to intern, please list:

Supplemental Information

Yes No Do you have your own car?

Yes No Do you intend to hold another job (work/study, part-time) during the internship? If yes, how many hours per week do you work? _____

Yes No Do you intend to participate in sports, dramatic arts or other extracurricular activities during the internship?

Yes No Are you able to comply with regular attendance expectations as well as meet any other reasonable expectations of the internship site?

Please read and sign the Agreement on the back side of this application.

Agreement

The Health Sciences Internship Program has permission to review my academic file to substantiate my preparation for the internship and to provide faculty, site sponsors and the internship coordinator with any information deemed pertinent. If accepted, I agree to check my email regularly.

Further, if I am accepted for an internship, the Health Sciences Internship Program has my permission to request protected health information from me, as required by potential placements, and I further authorize the Health Sciences Internship Program staff to forward such information (via email or fax) to possible internship sites as necessary.

Signature: _____ Date _____

Part 2: Health Sciences Internship Application

1. Please submit this completed application form along with a letter of intent. Please type and double-space your letter, and limit yourself to 2 pages. Your letter should include the following:
 - Your reasons for wanting to undertake an internship;
 - A brief description of the type of agency in which you wish to intern, and the type of work you prefer to do;
 - What you hope to learn from the internship experience, including the skills and knowledge you wish to obtain;
 - A description of any relevant background experiences you may have had;
 - What qualities you have that will benefit an agency;
 - What kind of career you hope to pursue;
 - A projected class schedule for the internship quarter;
 - Any mental or physical handicap that may affect your participation.
2. Next, write up a resume. Attach it to this application.
3. Please also attach proof of health insurance.

When you have completed your application and resume, please return them to:

Aaron McPherson
Health Sciences Internship Coordinator
323 Sinsheimer Labs
MCD Biology
University of California
1156 High Street Santa Cruz, CA 95064

hsintern@ucsc.edu

Part 3: Health Sciences Internship Application

Once your application has been reviewed and approved the internship coordinator will contact you to arrange an appointment in order to explain the rest of the process. You will receive your permission code for enrolling in the course after the process is complete.

For questions or concerns regarding your application, please contact Aaron McPherson at 459-5647, or by email at hsintern@ucsc.edu