

# Partners Internship Application

\*Please refer to program information for directions in completing this application

Name :

Last

First

Middle

820#: (for financial purposes only)

## Current Mailing Address:

Street Address

Apartment Number

City

State

Zip

Telephone Number (include area code)

Email Address:

## Permanent Mailing Address: (if different from above)

Street Address

Apartment Number

City

State

Zip

Telephone Number (include area code)

## Race/Ethnicity:

(Check appropriate option, you may indicate more than one ethnicity)

- African American
- Asian/ Pacific American (please specify)
- Latino/ Hispanic (please specify)
- Native American/ Indian  
(Please indicate tribal enrollment)
- White/ Caucasian
- Other (please specify)

## Gender:

- Male
- Female

## Citizenship/Residency:

- U.S. Citizen  Yes  No
- Permanent Resident  Yes  No

(Continue on back please)

## Area of Research Interest for Internship:

- Basic Cancer Biology Laboratory Research
- Public Health/ Behavioral Science

Expected Graduation Date (month/ year) \_\_\_\_\_

Current Status: Sophomore \_\_\_\_\_ Junior \_\_\_\_\_

GPA: \_\_\_\_\_

Major(s): \_\_\_\_\_

Minor(s): \_\_\_\_\_

Relevant Courses: (see program information) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NCCU Faculty Reference:**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**NCCU Faculty Reference:**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

\*Please attach copies of your current transcript(s) and personal statement.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date