



Department of Public Health, Food Studies, and Nutrition

HTW 422 - Internship Application

****STUDENT MUST ATTACH: RESUME AND ADVISING TRANSCRIPT****

Complete form: print two copies (one for you and one to submit). Make an appointment with your academic advisor to review your resume and obtain his/her signature. Once the form has been signed by your advisor, submit to the Public Health Administrative Assistant. Failure to submit a completed form as instructed (a reviewed resume, advisor signature and a current advising transcript) will result in the form being returned to you.

<u>Student Contact Information</u> (Please print or type)	<u>Undergraduate Academic Progress Section</u>
Name: _____	Major: _____
SUID Number: _____	Minor/Concentration: _____
Current Address:	Number of hours completed toward degree: _____
Street: _____	Cumulative Grade Point Average: _____
City: _____	Have you completed the Public? <input type="checkbox"/> Yes <input type="checkbox"/> No
State: _____ Zip Code: _____	Health program Requirements
Phone/Cell Number: _____	(this includes all HTW core course Requirements with the exception of HTW 306, 309 & 401)
SU Email (REQUIRED): _____	Do you have a car? <input type="checkbox"/> Yes <input type="checkbox"/> No

If you have not completed the Program Required HTW courses, you may NOT enroll in the internship.

If you have completed the required HTW courses, confirm the courses taken, semester completed, and grade received.)

Course	Semester	Grade
HTW 121 Personal and Social Health		
HTW 221 Health Promotion Across the Lifespan		
HTW 302 Influencing Healthy Behavior		
HTW 303 Community and Environmental Health		
HTW 304 Community Health Education		
HTW 307 Culturally Competent Health Care		
HTW 311 Health Literacy		
HTW 402 Implementing & Evaluating Health Program		
HTW 403 Community-Based Health Policy and Research		

➤ Have you developed your: Resume ☐ Yes ☐ No Cover Letter ☐ Yes ☐ No

➤ Beyond graduation what type of work and what content areas are you interested in working?

➤ Geographically, where would you like to be for your internship (note: out of area internships require a 3.25 GPA)?

List some of the types of organizations that you are interested in pursuing an internship with (if you have contact names please list them to the right):

Name of Organization	Contact Information

TO BE COMPLETED BY YOUR ACADEMIC ADVISOR:

First semester/year that this student is eligible to register for HTW 422:

Fall _____

Spring _____

Summer _____

Choose Instructor:

☐ Scholl

or

☐ Olson-Gugerty

Having met with this student and reviewed the information provided herein, they are approved to initiate the development of their capstone experience.

HTW Academic Advisor

Date

I understand that participation in HTW 422 Capstone Internship is predicated on my successful completion on all required HTW core courses (listed on page 1.)

Student Signature

Date

NOTES: Capstone Presentation Dates for the Academic year 2015-2016

Fall 2015: Tuesday, December 15 – 10:00 am – 12:00 pm

Spring 2016: Wednesday, May 4 – 10:00 am – 12:00 pm

Summer 2016: TBD _____