

**OSHER CENTER FOR INTEGRATIVE MEDICINE
SUMMER INTERNSHIP APPLICATION**

Name: _____

Requested Dates of Internship: _____

E-mail: _____ Cell Phone #: _____

Undergraduate Institution: _____

Major: _____ GPA: _____ Expected Date of Graduation: _____

Current Year in College (circle one): Freshman Sophomore Junior

Current Academic Goal (circle one): Medical School Graduate School Undecided

Current Address: _____

Permanent Address: _____

Permanent Telephone #: _____

Are you a:

U.S. citizen? _____ Yes _____ No Permanent Resident? _____ Yes _____ No

Contact Information for Faculty References (two are required):

1) Name: _____ Title: _____

Department: _____ Phone: _____ E-mail: _____

2) Name: _____ Title: _____

Department: _____ Phone: _____ E-mail: _____

Additional Materials:

- 1) Statement of Interests & Career Goals (1d 2 pages)
- 2) College Transcripts – an unofficial copy of the transcript is acceptable
- 3) Two Letters of Recommendation (Faculty may email directly to
Veronika Grote)

Upload this completed form.