

**UCSC - Department of MCD Biology
BIO 189 - Health Sciences Internship Application**

Name _____

UCSC E-mail address (required) _____

Current address (include city, state, zip) _____

Permanent Address

Phone _____ Anticipated graduation date? _____

College _____ Major _____

Are you a transfer student? _____ Male ___ Female ___ Class Level _____

SID # _____ Ethnicity _____

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

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

Please note that BIO 20L is now a prerequisite for BIO 189.

Have you taken and passed BIO 20L? Yes _____ No _____ *Please include a copy of your unofficial transcript with your application.*

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:

Participation in this program requires students to have current health care insurance. Please provide the name of your primary health care insurer:

(Note: If you don't know whether you have student health insurance, call 459-2389 or email insure@ucsc.edu to check).

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?
- Yes No Do you intend to participate in varsity sports 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?

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.

Signature: _____ **Date** _____

Part 2: Health Sciences Internship Application

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.

Next, write up a resume. Attach it to this application.

Please also attach a copy of your unofficial transcript and proof of health insurance.

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

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

cmberger@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 Caroline Berger at 459-5647, or by email at cmberger@ucsc.edu.