

# GRADUATE INTERN POSITION INTEREST FORM

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street State Zip

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Undergraduate Institution \_\_\_\_\_

Undergraduate Degree \_\_\_\_\_ Date Completed \_\_\_\_\_

Graduate Institution \_\_\_\_\_

Graduate Degree \_\_\_\_\_ Date Completed \_\_\_\_\_

Which SCSU graduate program have you applied to? \_\_\_\_\_

Have you made application to this graduate program?  No  
 Yes, date applied \_\_\_\_\_

Have you been accepted?  No  Yes

## Graduate Internship Interest (indicate all that you would like to be considered for)

Counseling Services  Residence Life – Residence Life Graduate Intern  
 Drug and Alcohol Resource Center  Student Life  
 Office of Judicial Affairs

## Have you enclosed the following materials?

If you are applying for multiple positions, it is not necessary to submit duplicate copies of your materials.

Resume  Letter of Interest  Three Names and contact info as references

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

Please fax this form to (203)392-5705