

The Schiele

Museum of Natural History

A Natural Adventure

Schiele Museum of Natural History Internship Program Application Form

Complete this form and return to the museum and your faculty advisor.

Name _____ Junior _____ Senior _____

Local Address _____ Telephone _____

List current and past courses, semester course taken, and grades received in _____:

1. _____

2. _____

3. _____

4. _____

Courses taken in other departments or life experience applicable to the internship:

Brief description of the internship project and proposed accomplishments:

Total hours completed in your major field _____ GPA in your major field _____

Semester and year of proposed internship _____

Museum Advisor _____

Faculty Advisor _____

Field Supervisor _____