THE UNIVERSITY OF IOWA

Clear Form

UI Wellness

Date of Application _____ Internship Session: ☐ Spring** ☐ Fall***

Year ☐

PERSONAL INFORMATION

Name _____
(First) (MI) (Last)

Address _____
(Street) (City) (State) (Zip)

Day Phone ( ) _____ Permanent Phone ( ) _____

E-Mail _____

Permanent Address _____
(Street) (City) (State) (Zip)

College or University (City) _____

Major _____ Academic Grade _____

Overall GPA _____ Graduation Date _____

How did you hear about this internship? _____

INTERNSHIP SUPERVISOR

Name _____

Department _____

Department Address _____
(Street) (City) (State) (Zip)

Day Phone _____ E-Mail _____

Applicant Checklist: ☐ Cover Letter (with specific goals and objectives) ☐ Resume (with GPA and course highlights) ☐ Three professional or academic references

** **Spring** Consideration ---- Application must be received by **May 1**.

*** **Fall** Consideration ---- Application must be received by **October 1**.

Submit electronically to: UIWellness@uiowa.edu
Subject: UI Wellness Practicum

Or Mail to: University of Iowa – UI Wellness
c/o Megan Moeller
115 Communications Center
Iowa City, IA 52242