



ACRLI's Internship Program

Application Form

Name

Address

Telephone

Email Address

University

Major

BA BS MA MS

Degree

Junior Senior Other

Current status

Expected Graduation
date

Language (s)

Nationality

Computer Skills

Database Program (s)

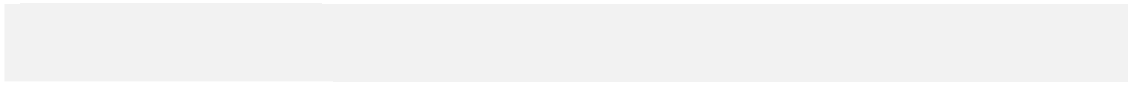
Availability Period

From To

Applying for

Fall Spring Summer

Full time Part time



Medical Insurance Yes No
Name and address of
Insurance Company
Policy Number and
Effective dates



Name of contact person
in case of emergency

Relation to applicant

Address

Telephone and Fax
numbers

E-Mail address

**Please include with this application the following documents: a cover letter
and a current résumé**

Date

Signature