



Estuarine Research Center  
Internship Program

**INTERN REGISTRATION FORM**

**Personal Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Email \_\_\_\_\_

**Academic Information**

Present Academic Level:

[ ] Undergraduate - Specify class: Fr / So / Jr / Sr

[ ] Recent graduate - Month/Year \_\_\_\_\_

Major \_\_\_\_\_

School/College \_\_\_\_\_

Academic Advisor \_\_\_\_\_

Is this your first internship at ERC? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, who was your previous intern supervisor? \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who would you like to work with at ERC?	What are your research interests?
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

Special skills you have relevant to this internship (e.g. lab techniques, field sampling, computer skills, etc.): \_\_\_\_\_

\_\_\_\_\_

Do you require housing while at ERC? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have your own transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_