

## Request of Internship

Georgia Institute of Technology (GA)

NASA Gov. (FL)

Please print all information requested on both pages and sign the request of Internship before you submit.

### Applicant information:

Full Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) Mobile: ( \_\_\_\_\_ ) E-mail: \_\_\_\_\_

Contact Type Desired: \_\_\_\_\_ You Prefer:  Email  Phone  Parent Only  Post Mail

Are you a citizen of the US?  Yes  No

If not, are you legally allowed to work in the US?  Yes  No

Are you a permanent resident of the US?  Yes  No

Are you an International Student?  Yes  No

Do you require I20?  Yes  No

Born Country : \_\_\_\_\_ Citizenship: \_\_\_\_\_ Since Year(s): \_\_\_\_\_

### Education History:

University or College/ Graduate : \_\_\_\_\_ Country: \_\_\_\_\_

Degree: \_\_\_\_\_ GPA: \_\_\_\_\_ Certificates: \_\_\_\_\_

What subjects do you feel interested in?(List them all) \_\_\_\_\_

University or College/ Graduate : \_\_\_\_\_ Country: \_\_\_\_\_

Degree: \_\_\_\_\_ GPA: \_\_\_\_\_ Certificates: \_\_\_\_\_

What subjects do you feel interested in?(List them all) \_\_\_\_\_

What languages do you speak?(List them all) \_\_\_\_\_

### References:

Please complete the names, addresses and telephone numbers of two people to whom you are not related.

Name: \_\_\_\_\_ Phone:( \_\_\_\_\_ )

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone:( \_\_\_\_\_ )

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Family Information: (Emergency Contact)

1. Name of the Parent: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_

2. Name of the Emergency Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone for Emergency : \_\_\_\_\_ - \_\_\_\_\_ Relationship to Applicant?  Mom  Dad  \_\_\_\_\_

**Career History:**

Job Title: \_\_\_\_\_ Company/ Institution: \_\_\_\_\_

Job description: \_\_\_\_\_

Interest or goals in career : \_\_\_\_\_

**Class / Program Information:**

Class Name: \_\_\_\_\_ Instructor: \_\_\_\_\_

Schedule days: \_\_\_\_\_ Time: \_\_\_\_\_

Reason for Class/ Program : \_\_\_\_\_

How did you hear about us?  Internet \_\_\_\_\_  Friends \_\_\_\_\_  Ads \_\_\_\_\_

**Rate Information:**

Program Schedule: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Internship ID: \_\_\_\_\_

GIT Class /  NASA Class:  Hourly Rate \_\_\_\_\_  Total Hour \_\_\_\_\_  Total \$ \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  Virtual \_\_\_\_\_

*Office Use Only:*

\_\_\_\_\_

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\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

- 1) The information I've provided on this application is accurate to the best of my knowledge and subject to verification by UYAF or any subsidiary or affiliate. I understand that any misrepresentation or omission of fact in my application or resume will be justification for refusal without notice by UYAF or any subsidiary or affiliate. I understand that should this application, UYAF reserves the right to terminate further processing of this application with written notification.
- 2) UYAF Complies with all state and federal anti-discrimination laws in our admissions process, and will make reasonable accommodations for applicants during the admissions process in accordance with the Americans with Disabilities Act.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Applicant's Parents: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_