

Date Received:

Date Contacted:



The University of Arizona Athletic Department
C.A.T.S. Medical Services
Athletic Training Internship Application Form

Name of Applicant: _____

Semester(s) seeking internship: Year: 20____ ☐ Fall ☐ Spring ☐ Summer

CONTACT INFORMATION:

E-mail: _____ Phone: _____

Emergency contact: _____ Phone #: _____ Relation: _____

INSTITUTION INFORMATION:

Name of Institution: _____

☐ Undergraduate Program ☐ Master's Level Program Year in school: _____ Cum GPA: _____

Program Director: _____ E-mail: _____

Clinical Coordinator: _____ E-mail: _____

How did you hear of this position/opportunity?

What experience are you seeking within our department?

What are your post-graduation/certification goals?

I understand that this is an *unpaid* internship and I am responsible for all living expenses, cost of travel to site, parking permit (if needed) and CatCard (\$25) if granted an internship.

Print Name

Signature

Date

Internal Use Only:

_____ Submitted Resume

_____ Submitted Letter of Interest

Date of Interview: _____ ☐ phone ☐ Skype