HARBOR BRANCH OCEANOGRAPHIC INSTITUTE FLORIDA ATLANTIC UNIVERSITY

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Summer Intern Application Form

Name:				
Last		First	Middle	
Address:				
Number/Street		City	State	Zip
Telephone:		Date of Birth:		
Area Code/Num	ber			
Email:				
Permanent Mailing Address and	Telephone Number	<u>:</u>		
Address:				
Number/Street		City	State	Zip
Telephone:				
Area Code/Num	ber			
Have you ever been employed b	y FAU?	Yes No If yes, date:		
If you have an FAU Z#, provide h	ere.			
Are you legally eligible for emplo	syment in the US?	Yes No		
Education	High School	College/University	Graduate/I	Professional
School Name				
Years completed at start of internship				
Diploma / Degree				
Academic Major				
Graduation Date				

Summarize special skills, qualifications, training, exadditional information that may be helpful in cons			s received and any	
Preferred mentor(s)		Preferred area(s) of	f research	
I certify that answers given herein are true and complete	te to the best of	my knowledge. I	authorize investigation of	
all statements contained in this internship application a agree to comply with the policies, rules, regulations and			selection decisions. I	
-				
Signature of Applicant	_		Date	

FAU is committed to the principles of engaged teaching, research and service, and reflects this commitment as a key Platform in its 2015-2025 Strategic Plan. All persons aspiring to achieve excellence in the practice of these principles are encouraged to apply.

To learn more about FAU's mission and strategic plan, please visit www.fau.edu.

Florida Atlantic University is an equal opportunity/affirmative action/equal access institution and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, protected veteran status or any other characteristic protected by law. Individuals with disabilities requiring accommodation, please call 561-297-3057. For communication assistance, call 7-1-1.