

VMFA INTERNSHIPS

Specify Internship Program to which you are applying:

Fall ____ Spring ____ Summer ____

Section 1: Personal Information

Department(s) to which you are applying (indicate three choices in order of preference):

Please check one:

Mr. ____ Ms. ____ Mrs. ____ Dr. ____

Name

Date

School Address

City/State/Zip Code

Permanent Address

City/State/Zip Code

Telephone/FAX/Email

Section II: Academic Information

Current academic status:

Undergraduate (must have completed sophomore year) ____ Graduate ____

Other (please specify) ____:

College/University

Degree and major/Year (or date of expected conferral)

Languages (indicate fluency using r=reading, w=writing and s=speaking)

How did you learn about the VMFA internship program?

- brochure
- internet
- university career center
- former intern
- professor's recommendation
- other