



## UWG HEALTH AND COMMUNITY WELLNESS / BIOLOGY STUDENT INTERNSHIP APPLICATION

Application **MUST** include a resume & letter of recommendation by a UWG faculty member or professional disposition rubric.

LAST NAME:	FIRST NAME:		
ADDRESS:			
CITY:	ST:		ZIP:
HOME PHONE:		CELL PHONE:	
EMAIL ADDRESS:			
MAJOR/DEGREE PROGRAM (CIRCLE			
HEALTH AND COMMUNITY WELLNES	SS BIOLOGY	OTHER (	PLEASE LIST):
AREA OF INTEREST (CIRCLE ONE):			
General Physical Therapy	Occupational Th	erapy	Athletic Training
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CURRENT ENROLLMENT STATUS (CI	RCLE ONE):		
Freshman Sophomore	e Junior		Senior
ANTICIPATED GRADUATION (MONTH/	YEAR):		
EMERGENCY CONTACT:			
Name:	Relationship:		
Phone:	Address:		
City:	State:		_Zip:
SUBMIT VIA ( <u>or</u> email docume *Please include your completed in	GOOGLE FORM: https ents to: Rylyn Duignan	s://forms.gle : rylyn.duig <i>me, and a</i>	e/kPaF491LHX9Kw7hs6 nan@southerntherapy.org letter of recommendation by a UWG fac

Carrollton, GA 30117