|  |  |
| --- | --- |
| **Name** (Last, First, Middle Initial) | **Date** |
|       |       |
| **Telephone** | **E-mail Address** |
|       |       |
| **Type of Experience Desired** |
| [ ]  **Internship** – required for college graduation (typically 300+ hours)[ ]  **Mentorship** – one-month experience; not required for degree[ ]  **Shadowing** – two day experience |
| **Desired Location** (preferred city/county for experience) |
|       |
| **Preferred Start/End Date** | **Academic Status** | **Degree In Progress** |
| MM/DD/YY– MM/DD/YY | **[ ]  Sophomore** **[ ]  Junior** **[ ]  Senior** **[ ]  Graduate** **[ ]  N/A** | **[ ]  Bachelor** **[ ]  Masters** **[ ]  Ph.D** **[ ]  N/A** |
| **Area of Study** | **Objective for Learning Experience** |
|       |       |
| **College/School /University** | **Address** |
|       |       |
| **(TO BE COMPLETED FOR INTERNSHIPS ONLY)** |
| **University Contact Information (Advisor or Career Specialist)** |
| **Name:** |       |
| **Telephone:** |       |
| **E-mail:** |       |

**Please return this form to:**

Amy Ritchey

Personnel Analyst/Recruiter – Office of Human Resources

**Phone:** (573)522-4150 **Fax:** (573)526-5521 **E-mail:** Amy.Ritchey@health.mo.gov