



**SALISBURY UNIVERSITY  
APPLICATION FOR ADMISSION TO  
INTERNSHIP IN PUBLIC HEALTH**

**TENTATIVE INTERNSHIP SEMESTER** \_\_\_\_\_

**Name** \_\_\_\_\_ **Student ID#** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Telephone #** \_\_\_\_\_

**Local Address** \_\_\_\_\_

**Telephone #** \_\_\_\_\_

**Cumulative GPA** \_\_\_\_\_

**Advisor's Signature** \_\_\_\_\_

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