CENTER FOR HEALTH AND HUMAN SERVICES

Student Internship and Field Placement Application- 2026/2027

Personal Information:

Name _____ Date _____

Current Address _____ Apt. _____

City _____ State _____ Zip _____

Phone (_____) _____ Email _____

Do you have reliable transportation? _____ Are you available for limited travel in Murfreesboro, Nashville, and other areas? _____ *(certain internships may require limited travel; other internships will not require travel).*

University Data

School/University Name: _____ Major _____

Overall GPA _____ Advisor/Professor_____

Current Classification_____ Expected Graduation Date _____

Number of credit hours you anticipate, **excluding the internship**, for the semester of your internship _____

Relevant Community and Public Health and Statistics Courses Taken (Include current semester)

_____

What is the main reason you are applying for a CHHS internship or field placement? (other than it being required by school)_____

_____

What days and hours will you be availlable to work during your internship or field placement?_____

Please list the project preference for your internship or field placement.

_____

Do you have any physical or mental disabilities that may cause harm to yourself, the worksite, others, or that would require any special accommodation? _____Y _____N

If YES, may we have your permission to disclose this to potential supervisors & please share with us any accommodation that you might need? _____Yes _____No _____

I understand that if I accept an internship or field placement with MTSU CHHS, I will abide by the Internship and Field Placement Agreement, and that the information provided above is true and correct.

Signature _____ Date _____