

DOM OBSERVATIONAL INTERNSHIP APPLICATION

Applicant Name: _____ Age: _____

Phone: (Work) _____ (Home) _____ (Cell) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Name of college or University you are currently attending or have graduated from:

Have you graduated? _____ Graduation date: _____

If not, what is your expected date of graduation? _____

Degree or Diploma: _____

How did you hear about the UNM Center for Life?

What dates are you planning to observe?

How many weeks are you planning to observe?

What types of services would you like to observe?

Please attach a current Curriculum Vitae to this application.