

## SEMESTER-IN-PRACTICE PROGRAM APPLICATION- DOMESTIC PLACEMENTS

APPLYING FOR THE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

I AM A: \_\_\_\_\_

GRADUATING: \_\_\_\_\_

CURRENT GPA: \_\_\_\_\_

Have you taken other externships/clinics: \_\_\_\_\_

If yes, # credits: \_\_\_\_\_

List name of externships/clinic taken: \_\_\_\_\_

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**Provide required Supporting Documentation. Please include the following items in your application:**

1. A copy of your resume.
2. A copy of your unofficial transcript (registrar generated, not a self-produced grade sheet).
3. A one page statement of academic purpose describing:
  - The type of externship opportunity you are interested in.
  - The specific educational objectives you hope to achieve through the externship.
  - How the opportunity relates to your career goals.

**Additional steps: Please initial below to show your agreement to the following:**

I understand that it is my responsibility to find my own housing in the city where I will be spending my semester away. In addition, I understand that I will bear all costs of transportation, housing, meals, and other living expenses.

Acknowledgement Initial: \_\_\_\_\_

Date: \_\_\_\_\_