



Education Institute College / University Internship

For Office Use Only

Date Received: _____

By: _____

APPLICATION

Date: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ home or mobile?) Please identify.

Are you legally authorized to work in the United States? No Yes

Internship Application Code: ([See internship descriptions](#).)

You must complete this field for your application to be considered.

Period of Internship: Fall Spring Summer Year: _____

Beginning Date of Internship: _____ End Date of Internship: _____

Will the internship experience be for academic credit? No Yes

If 'Yes', identify the course name and number of semester credit hours.

Course Name and Number: _____

Number of Semester Credit Hours: _____

College/University: _____

Current Field of Study (Major): _____

Graduate or Undergraduate? Undergraduate Graduate

Year (1st, 2nd, 3rd, 4th) 1st Year 2nd Year 3rd Year 4th Year

Faculty Advisor: _____

Email Address: _____

Phone Number _____

STATEMENT OF INTEREST

Briefly describe how this internship will help you reach your educational goals.
(No more than 250 words.)

ACKNOWLEDGEMENT

I, the undersigned, acknowledge that I have voluntarily agreed to participate in an educational/ training program at the Cleveland Clinic Foundation or one of its system hospitals ("CCF"), a not-for-profit organization formed for charitable purposes. I understand that this educational/training program is designed to provide me with experience and training that will assist me in my professional development and that I am not entitled to a position with CCF at the end of the experience. My intent in voluntarily participating in this program is to further my education and training. I also understand that the experience is unpaid, and I intend to make a charitable donation of my time towards the humanitarian goals of the Cleveland Clinic Foundation.

Student Signature

Date

Attach:

1. Two (2) faculty recommendations. (Please have them complete the ***CCF Faculty Recommendation Form.***)
2. Professional resume or curriculum vitae.
3. Copy of college/university transcripts with catalog descriptions of the courses taken.
(This information is available upon request from the college/university, or can be found in the college/university library.) Official transcript may be sent later and will be required to confirm appointment. (****Not required for Communication opportunities EICOM 401, EICOM 402***)

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application.

Signature

Date

Cleveland Clinic does not discriminate in admission, employment, or administration of its programs or activities, on the basis of age, gender, race, national origin, religion, creed, color, marital status, physical or mental disability, pregnancy, sexual orientation, gender identity or expression, genetic information, ethnicity, ancestry, veteran status, or any other characteristic protected by federal, state or local law. In addition, Cleveland Clinic administers all programs and services without regard to disability, and provides reasonable accommodations for otherwise qualified disabled individuals.

Send by mail or email as an attachment to:

Cleveland Clinic
Education Institute
College/University Internship Program
9500 Euclid Avenue/NA22
Cleveland, OH 44195
Email: EIinternships@ccf.org