



TCC Student Internship Application

** A current resume/CV, and a signed internship agreement are also required **

Personal Data

Name: _____ Date: _____
Current Address: _____ Apt.: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

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 Public Health and Statistics Courses Taken (Include current semester):

What is the main reason you are applying for a TCC internship? (besides it being paid &/or required by school)



Please list the project preference for your internship.

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

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

I understand that if I accept an internship with the Tennessee Cancer Coalition, I will abide by the TCC Internship Agreement, and that the information provided above is true and correct.

Student Signature: