

**DIVISION OF PLANT AND SOIL SCIENCES
INTERNSHIP PROGRAM APPLICATION**

Name: _____ Date: _____

Major: _____ Cumulative G.P.A.: _____

Expected date of Graduation: _____

Advisor: _____

Your _____ Your _____

Address _____ Address _____

At School: _____ At Home: _____

School phone: _____ Home phone: _____

E-mail address: _____

Dates you are available(start-end) for an internship: _____

Computer Skills: _____

What kind(s) of internship would you like and why are you interested in obtaining the internship?

Do you want academic credit for the internship? Yes: _____ No: _____

What geographical location would you prefer? _____ Would you consider other locations? Yes: _____ No: _____

Do you have physical impairments which might substantially affect your ability to perform the minimum requirements of an internship? Yes: _____ No: _____

If yes, what reasonable accommodations are requested?: _____

Would you be willing to volunteer for an internship if a paid position is not possible? Yes: ___ No: ___

**Please print or type. You may photocopy this form. Return this form and a one page resume to:
Barton S. Baker, Director, Division of Plant and Soil Sciences, West Virginia University, 1090
Agricultural Sciences Building, P.O. Box 6108, Morgantown, WV 26506-6108. Phone: (304)
293-4817 Fax: (304) 293-2960
YOU ARE ENCOURAGED TO APPLY EARLY.**