



Cleveland County
Health Department

Internship application:

Name: _____ Date of Request: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Institution: _____

Department: _____ Undergraduate or Graduate: _____

Year: _____ Degree: _____

Advisor: _____

Total Number of Hours Requested: _____ Number of Hours per Week: _____

Start Date: _____ End Date: _____