

**Mapping Transitions through the Vehicle of the Arts**

Internship Application Cover Form

Date:

Personal Information		
Name:	Last, First, Middle	
Current Address:	Street, City, State, Zip	Telephone:
		Student ID ( <i>U of M Students</i> ):
Permanent Address: <i>(if different from above)</i>	Street, City, State, Zip	Country of Citizenship:
Email Address:		

<u>University Affiliation:</u>	
Carleton College	
College of St. Benedict & St. John's University	Teacher
Macalester College	
St. Olaf College	
University of Minnesota	Undergraduate Student
University of St. Thomas	Graduate Student

<u>Project Title:</u>
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<u>Supervising Faculty Member:</u>	Department:
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<u>Proposed Internship Site (<i>if applicable</i>):</u>
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