



## UWG HEALTH AND COMMUNITY WELLNESS / BIOLOGY STUDENT INTERNSHIP APPLICATION

Application **MUST** include a letter of recommendation by a UWG faculty member or professional disposition rubric.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**MAJOR/DEGREE PROGRAM (CIRCLE ONE):**

HEALTH AND COMMUNITY WELLNESS      BIOLOGY      OTHER (PLEASE LIST): \_\_\_\_\_

**AREA OF INTEREST (CIRCLE ONE):**

General      Physical Therapy      Occupational Therapy      Athletic Training

**CURRENT ENROLLMENT STATUS (CIRCLE ONE):**

Freshman      Sophomore      Junior      Senior

ANTICIPATED GRADUATION (MONTH/YEAR): \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SUBMIT TO COMPLETED FORM TO:**

Anita Gay, Human Resources Manager at: [agay@southerntherapy.org](mailto:agay@southerntherapy.org)  
Southern Therapy Services I FYZICAL Administration  
120 East Center Street  
Carrollton, GA 30117  
678.390.6168