

Application for NEU 484: Neurosience Internship

Please type or print clearly. Circle semester internship sought: Fall Spring Summer Year: Name _____ (Last Name) (First Name) (M.I.)ASU ID#_____ Are you an international student? Yes No Local Street Address City, State _____ Zip Code_____ Telephone Number (Home) _____(Work)____ E-Mail Number of hours____/week Current Employment (Position/Title) Number of College Units Completed GPA GPA Number of other internship credits completed (Do not include those currently in progress) List all Upper Division Neuroscience classes taken by prefix and number (for help finding prefix and number, visit MyASU page) Describe your professional/academic interests: If you have any comments or questions, please add them below.

Submit this form to psych.advisor@asu.edu prior to securing internship position to check NEU 484 eligibility.