



# Internship Application

*Dr. Arturo Morales Carrión*  
*Diplomacy and International Affairs Program*

### GENERAL INFORMATION

Name: \_\_\_\_\_ \*Last Four Digits of SSN: \_\_\_\_\_

Gender:  F  M Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

U.S. Citizen  Yes  No U.S. Permanent Resident  Yes  No Permanent Resident Card Number: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Personal Email: \_\_\_\_\_ College or University Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Applicant: \_\_\_\_\_

### TERM APPLICATION

Year: \_\_\_\_\_  Fall Semester  Spring Semester

### IMPORTANT DATA

Use the following code to indicate your proficiency in the English Language: FLUENT=3 ADEQUATE=2 SLIGHT=1

Speaking \_\_\_\_ Reading \_\_\_\_ Writing \_\_\_\_

Foreign Countries Visited: \_\_\_\_\_

Are you computer literate?  Yes  No

Which computer programs and applications have you used?

\_\_\_\_\_

\*The Social Security number provided by the applicant shall not be displayed in such a way that could be seen by the public, but will be kept as confidential data use as an internal reference, in accordance to information privacy laws.

**INTERSHIP AGREEMENT**

- I understand that this application form, plus the supporting documents I provide, becomes the property of the Dr. Arturo Morales Carrión (AMC) Internship Program and will be shown to the potential supervisors of my internship. I will not request the materials be returned or transferred to other institutions or potential employers.
- I certify that I personally have completed the application and that the information I am providing is complete and accurate.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**CAMPUS SPONSOR INFORMATION**

- I have reviewed this application and endorse this student’s candidacy for the AMC Internship Program.
- I certify that he/she will be receiving academic credit for this internship experience, as detailed on the Internship Application. I recognize that I am serving as a Campus Liaison of faculty for this student for the duration of the program and will received all evaluations for the student.

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

COLLEGE OR UNIVERSITY \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CAMPUS LIASION

\_\_\_\_\_  
DATE

**ACADEMIC INFORMATION**

STATUS DURING PROGRAM  Junior  Senior  Graduate  Other

YOUR SCHOOL’S CALENDAR  Semester  Quarter  Trimester  Other

DATE ATTENDED: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ TO \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ MAYOR \_\_\_\_\_ GPA \_\_\_\_\_  
(MONTH) (DAY) (YEAR) (MONTH) (DAY) (YEAR)

EXPECTED DATE OF GRAD \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TOTAL CREDITS APPROVED (AT PRESENT) \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

NUMBER OF CREDITS YOU WILL RECEIVE FOR YOU INTERSHIP \_\_\_\_\_ DEPARTMENT AWARDING CREDITS \_\_\_\_\_

NUMBER OF CREDITS YOU WILL RECEIVE FOR YOU INTERNSHIP COURSE \_\_\_\_\_ DEPARTMENT AWARDING CREDITS \_\_\_\_\_

**HOUSING POLICY**

By living in the housing provided by the Dr. Arturo Morales Carrión Program during your internship you must accept the following rules and regulations:

- The Program is not responsible for loss or damage to personal property and recommends that you insure your valuables.
- The Programs does not permit pets on the premises.
- The Program reserves the right to change student’s accommodations at any time, fill a vacancy in the room by placing another person in the room without prior notice and enter the room for inspection or repairs.
- The Program reserves the right to expel any student from the program’s housing whose conduct, in the option of the Program Director, is harmful or potentially harmful to the student in our Program or others.
- You are required to have health insurance and to provide proof of such insurance upon request.
- Smoking is not allowed in housing units.

**ROOMATE REFERENCES**

- I am a day person (prefer to get up and go to bed early).
- I am a night person (prefer to get up and go to bed late).
- I do  I do not need silence to study
- I would  I would not mind if my roommate had occasional overnight guest.

Please indicate any special needs or requirements:

Preferred roommate (if any):

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Dr. Arturo Morales Carrión Internship Program of the School of Diplomacy and Foreign Relations actively strives for equal access to its program for all regardless of race, national origin, gender, sexual orientation, age, physical challenge or veteran status. All AMC programs attempt to include a diversity of students in order to enhance the educational experience for all participants.

**CONTACT**

**School of Diplomacy and Foreign Relations Dr. Arturo Morales Carrión**



Lelis Y. Flores Silva  
 Internship Program Director  
 Tel. 787.722.2121 ext. 3716  
 lflores@estado.pr.gov  
 www.estado.pr.gov

The School of Diplomacy and Foreign Relation  
 Dr. Arturo Morales Carrión operates its program  
 directly or through alliances with public or  
 private institutions. In this particular case the  
 International Affairs Program is conducted by  
 The Washington Center.