



THE UNIVERSITY OF  
**SOUTHERN MISSISSIPPI**

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**GULF COAST RESEARCH LABORATORY**

## **2018 INTERNSHIP APPLICATION INSTRUCTIONS**

Thanks for your interest in applying to the Gulf Coast Research Laboratory's (GCRL) Internship Program. Please read the following application instructions carefully and fill-in all of the information requested in the application form. Failure to provide all of the necessary information will result in your application being considered incomplete, and you will not be considered for an internship position. In an effort to reduce paper waste, please email all application materials. Below is a list of required materials:

1. Completed application form (follows).
2. Provide a statement of interest (maximum 2 pages).
3. Submit two letters of recommendation.
4. Current resume or CV.
5. Copy of your current transcript.

The above information should be submitted to: [Samuel.clardy@usm.edu](mailto:Samuel.clardy@usm.edu)

The **Application Deadline is February 23, 2018**. For undergraduate internship positions, priority consideration will be given to those students that have attended the Gulf Coast Research Laboratory's Summer Field Program. For more information on the Summer Field Program, please visit the following link: [http://www.usm.edu/qcrl/summer\\_field/index.php](http://www.usm.edu/qcrl/summer_field/index.php). If you have any questions or if you need additional information, please contact Sam Clardy, Associate Director – Marine Education Center, at 228-818-8885 or email at [samuel.clardy@usm.edu](mailto:samuel.clardy@usm.edu). For those without access to email, please send your application to:

**Gulf Coast Research Laboratory**

**Attn: Sam Clardy**

**703 East Beach Drive**

**Ocean Springs, MS 39564**



THE UNIVERSITY OF SOUTHERN MISSISSIPPI

GULF COAST RESEARCH LABORATORY

2018 INTERNSHIP APPLICATION

Application Deadline: February 23, 2018

Name (Last) (First) (Middle / Maiden) Date:

Current Mailing Address (Street) (City) (County) (State) (Zip)

Permanent Mailing Address (Street) (City) (County) (State) (Zip)

Phones: (Cell, Area Code & Number) (Home, Area Code & Number) E-mail Address

Male Female Birth Date

Academic institution or high school where presently enrolled:

Institution

City State Zip

Major Department (if applicable) Subject Area

Current GPA

Academic standing: Sophomore Junior Senior Graduate

HIGHEST ACADEMIC DEGREE COMPLETED:

Degree, date Major Institution

INTERNSHIP TYPE (check all that apply): UNPAID PAID Other:

AREAS OF RESEARCH INTEREST (check all that apply):

- Fisheries Ecology Toxicology Microbiology Aquaculture
Marine Botany Parasitology Oceanography Invertebrates Marine Education
OTHER (please list):

\*WILL YOU BE A DORMITORY RESIDENT? Yes No Roommate:

\*Available to undergraduate students only.

LIST SCIENCE COURSES WHICH YOU WILL COMPLETE PRIOR TO THE SUMMER,  
BUT WHICH ARE NOT PRESENTLY LISTED ON YOUR TRANSCRIPT

Course Number	Course Title	Hours Credit
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY CONTACT INFORMATION: Parent, Legal Guardian or Spouse

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

Address \_\_\_\_\_ E-mail address \_\_\_\_\_

\_\_\_\_\_ Telephone Home (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby affirm that to the best of my knowledge all information furnished on this form is complete and accurate. I understand that withholding information requested and giving false information may make me ineligible. I agree that any records of my academic performance may be furnished to any high schools or institutions of higher learning that I have attended, unless I file a notice that they not be sent. I am eligible to return to the last college that I attended.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Applicants under the age of 18 are required to have a parent or legal guardian sign below.

Date \_\_\_\_\_ Parent or Legal Guardian Signature \_\_\_\_\_