2015 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

The Application Deadline is February 6, 2015. 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/gcrl/summer_field/index.php. If you have any questions or if you need additional information, please contact Sam Clardy, Coordinator of Educational Programs, at 228-818-8885 or email at 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
2015 INTERNSHIP APPLICATION

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

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

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

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

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  ___ Photography

*WILL YOU BE A DORMITORY RESIDENT? Yes ☐ No ☐ Roommate: ________________________________
*Available to undergraduate and graduate students only.
LIST SCIENCE COURSES WHICH YOU WILL COMPLETE PRIOR TO THE SUMMER, BUT WHICH ARE NOT PRESENTLY LISTED ON YOUR TRANSCRIPT

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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__________________________________________