



INSTITUTE FOR MUNICIPAL  
AND REGIONAL POLICY

## Institute for Municipal and Regional Policy: Internship Application

Thank you for your interest in assisting the Institute for Municipal and Regional Policy (IMRP). Complete the following application and submit electronically in PDF format with your resume, **two** writing samples, and the names of **two** references. E-mail the completed internship application and supporting materials to [imrp@uconn.edu](mailto:imrp@uconn.edu).

We will confirm receipt of your application and will contact you following its review.

### Section 1: Contact Information

Last Name	First Name	MI
Mailing Address		Apartment #
City	State	Zip Code
Cell Phone	Email Address	

### Section 2: School Information

Law Student	Graduate Student	Undergraduate Student
School:	Class year:	
Major(s):	Minor:	
Degree program:		

### Section 3: Internship Information

Why are you interested in interning at the Institute for Municipal and Regional Policy?

What initiative(s) at the IMRP are you most interested in? Why?

How does this internship align with your career goals?

Are you applying for academic credit for this internship?    Yes            No

Preferred Start Date:

Preferred End Date:

How many hours per week do you plan to intern?

Is there any additional information you would like to provide that is relevant to your application?

#### **Section 4: References**

Reference 1:

- First and Last Name:
- Position:
- Contact Information:

Reference 2:

- First and Last Name:
- Position:
- Contact Information:

## Section 5: Applicant Certification

*Signature Required:* By signing or typing my name on the signature line below, I am certifying that the statements made by me on this application form and attachments are true and complete to the best of my knowledge, and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal. All statements made on this application, including employment information, are subject to verification as a condition of interning with the Institute for Municipal and Regional Policy.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: A typed name will substitute for a handwritten signature

Return this application to:      Institute for Municipal and Regional Policy  
Hartford Times Building, Suite 443  
10 Prospect Street  
Hartford, CT 06103  
ATTN: Internship Application  
Email: [imrp@uconn.edu](mailto:imrp@uconn.edu)