# APPLYING FOR A CVM STUDENT SUMMER INTERN PROGRAM POSITION FOOD AND DRUG ADMINISTRATION (FDA) CENTER FOR VETERINARY MEDICINE (CVM)

## COMPLETE THE FOLLOWING STUDENT SUMMER INTERN RESUME (PLEASE NOTE THIS FORM IS ONLY APPLICABLE TO THIS PROGRAM.)

#### I. JOB INFORMATION

CVM Student Summer Intern Program Position FDA/CVM Guest Intern

#### **II. PERSONAL INFORMATION**

Name:	
Address:	
City:	State: Zip Code:
Telephone No.:	DOB:
Permanent Address	
City:	State: Zip Code:
Telephone No.: Cou	ntry of Citizenship:
Email Address:	
III. HIGH SCHOOL EDUCATION	
High School Name:	
City:	State: Zip Code:
Date of Diploma:	
IV. UNDERGRADUATE/GRADUATE EDUCAT	<b>ION</b>
College Name:	
City:	State: Zip Code:
Major and Type of Degree:	Year: GPA:
College Name:	
City:	State: Zip Code:
Major and Type of Degree:	Year: GPA:

### V. TOTAL CREDITS COMPLETED

Chief <b>Undergraduate</b> Subjects (show major on first line)	No. of Credit Hours Completed:	
	Semester:	Quarter:
1.		
2.		
3.		
4.		
Chief <b>Graduate</b> Subjects (show major on first line)	No. of Credit Hours Completed:	
	Semester:	Quarter:
1.		
2.		
3.		
4.		
Job Title:  Employer's Name:  Starting and Ending Dates:		
List Additional Jobs on Separate Paper See Attached J	ob Listing	
VII. TECHNICAL SKILLS		
1.		
2.		
3.		
4.		
5.		
VIII. AWARDS, HONORS, PUBLICATIONS		
1.		
2.		
3.		
4.		

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