

Intern Application
Office of Senator Feinstein

Full Name: _____

Are you legally authorized by the U.S. to be in the U.S. during your internship? _____

Current Address: _____ Permanent Address: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Internship session desired (**please check one only**)

Fall ___ Winter ___ Spring ___ Summer (CA) ___ Summer I (DC) ___ Summer 2 (DC) ___

Office Requested: Fresno ___ Los Angeles ___ San Diego ___ San Francisco ___ DC ___

Full Time: _____ OR Part Time: _____

Days and hours available if part-time: _____

Academic Information

College/University currently enrolled in: _____

School Address (City & State): _____

Registrar's Office Phone Number: _____

Anticipated date of graduation: _____ GPA: _____ Major: _____

Will you receive credits for this internship? If yes, how many? _____

Additional Information

Please list all organizations with which you are affiliated, along with all academic honors or activities: