**Internship Program Application Form**

Please download, complete, and email this attachment to [sots.internships@ct.gov](mailto:sots.internships@ct.gov). When submitting, please also attach your résumé and a cover letter that describes why you are interested in the position and highlights the skills that make you a good candidate.

**First & Last Name:** Click or tap here to enter text. **Date:** Click or tap to enter a date.

**Address Line 1:** Click or tap here to enter text. **Address Line 2:** Click or tap here to enter text.

**City:** Click or tap here to enter text. **State:** Click or tap here to enter text. **Zip:** Click or tap here to enter text.

**Phone Number:** Click or tap here to enter text. **May we text you at this number?** Choose an item.

**Preferred Email:** Click or tap here to enter text.

Undergraduate  Graduate Student  Law Student  Other: Click or tap here to enter text.

**School Name:** Click or tap here to enter text. **City:** Click or tap here to enter text.

**Address Line 1:** Click or tap here to enter text. **Address Line 2:** Click or tap here to enter text.

**City:** Click or tap here to enter text. **State:** Click or tap here to enter text. **Zip:** Click or tap here to enter text.

**Major:** Click or tap here to enter text. **Minor:** Click or tap here to enter text.

**Will you be seeking school credit for this internship?** Choose an item.

**If seeking credit, Internship Professor’s Name:** Click or tap here to enter text.

**Professor’s Email:** Click or tap here to enter text. **Phone Number:** Click or tap here to enter text.

**Semester to complete internship:** Choose an item. **Desired start & end dates:** Click or tap here to enter text.

**Expected graduation month & year:** Click or tap to enter a date.

**Which area(s) of focus interest you most? Choose one or more.**

Elections  Business Services  Human Resources  Information Technology  Executive

Communications  Visual Media Design  Legal  Civics  Community Outreach