Forensic Biology START Program **Internship** Request Form

Please enter all fields within this form. Email completed form and your Curriculum Vitae to: [OCMEStartProgram@ocme.nyc.gov](mailto:OCMEStartProgram@ocme.nyc.gov)

\*\*Please note that all Department of Forensic Biology Internships are Unpaid Internships\*\*

Completed forms must be submitted and received no later than the following dates:

April 1st for consideration for Summer Internship (June 1st-Aug 31st)

July 1st for consideration for Fall Internship (Sept 1st-Dec 31st)

November 1st for consideration for Spring Internship (Jan 1st-May 31st)

Name:       Anticipated Dates of Internship:

College/University Enrolled At:       Major/Degree:

Degree Completed: Choose an item. Anticipated Completion of Degree:

Relevant Coursework Taken:       Available Days/Times per week:

Lab work experience:Choose an item.

Describe Lab work techniques skilled in:

Type of Internship: Choose an item.

If for credit, are there requirements: Choose an item.

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| --- | --- | --- |
| Please include:   1. Type of work 2. Number of hours 3. Are weekly/monthly updates required |  |  |

Describe Requirements in box below:

|  |  |  |
| --- | --- | --- |
| Description of Internship Requested: |  |  |

Contact information: **START Program Use Only:**

Name:      Received By:

Phone:      Date Received:

Email:      Forwarded To: