## **DC Internship Application**





NAME:				
CONTACT INFORMAT	ION			
Mailing Address:				
City, State, Zip:				
Email Address:		Phone Number:		
ACADEMIC INFORMA	TION			
Major / Minor:		Expected Graduation Date:		
Current GPA:		Number of Completed Hours:		
Additional Degrees or H	lonors:			
academic/professional recon	nmendation for you.  Reference #1	ct information for two TS	SU faculty or staff who will provide an  Reference #2	
TSU Department: Phone Number: Email Address:				
<b>ESSAY:</b> Provide a statemer goals and what you are hoping			ced essay) that outlines your professional rnship program.	
aware that if I am select Center and that I will be	ted, I will need to con responsible for cost	mplete an additiona ts associated with fu	nd contact listed references. I am I application for The Washington III-time TSU registration, travel to ney during the Spring 2011 term.	
Signature:		Da	te:	

**DEADLINE: MONDAY, NOVEMBER 1, 2010** 

Submit to: Dr. Brian E. Russell, TSU Dept of History, Political Science and Geography 413E Crouch Hall, 615-963-4930, brussell7@tnstate.edu