

# UPMC Pinnacle

## REQUEST FOR INTERNSHIP

### 1. Please type in the requested information: (One semester only)

Date:	Date of Birth: (mm/dd/yyyy)	
Last Name:	First Name:	MI:
Home Phone: ( )	Cell Phone: ( )	
Email:	UPMC Pinnacle Employee Yes <input type="checkbox"/> No <input type="checkbox"/>	
Home Address:		
City:	State:	Zip:
Current Address:		
City:	State:	Zip:

### 2. Current Student Program:

School:	Major:
Instructor/Advisor:	Expected Graduation Date:
Phone: ( )	Email:

### 3. Internship Request: (UPMC Pinnacle internships are non-paid positions)

<input type="checkbox"/> Spring (year):	<input type="checkbox"/> Fall (year):	<input type="checkbox"/> Summer (year):
Dates Available:	Times Available:	
Total Hours Required:	Hours/Week:	

Learning Experience Desired (be specific):

- 1.
- 2.
- 3.

Department Use Only	
Placement with:	
NAME: _____	PHONE: _____
DEPT: _____	<input type="checkbox"/> CONFIRMATION SENT _____

TYPE DIRECTLY ON FORM AND EMAIL TO: [cjohnson@pinnaclehealth.org](mailto:cjohnson@pinnaclehealth.org)