



# Santa Clara University

## MARKKULA CENTER FOR APPLIED ETHICS Health Care Ethics Internship Program Application

### I. Basic Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Local Address: \_\_\_\_\_

Local Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Permanent Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact (name, relationship, phone #): \_\_\_\_\_

Mode of transportation available to travel to O'Connor Hospital: \_\_\_\_\_

### II. Academics

Please circle your current class standing: Sophomore Junior Senior Graduate

Major(s): \_\_\_\_\_

Number of Units Completed as of Application Date: \_\_\_\_\_

Number of Units Currently Enrolled: \_\_\_\_\_

Anticipated Units for Fall 2006: \_\_\_\_\_ Winter 2007: \_\_\_\_\_ Spring 2007: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Faculty Advisor (name, department): \_\_\_\_\_

Ethics class(es) taken or planned at SCU: (A completed Ethics course is required by the end of the Fall Quarter 2008)

Term	Course	Instructor(s)	Grade

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List any honors and awards you have received in the past 4 years:

Date	Awards

**III. Volunteer and Work Experience**

Please list the most current one first

Date	Agency/Company	Responsibilities

**IV. Extracurricular Activities:**

Please list all the extracurricular activities you are currently engaged in or anticipate for the 2008- 2009 academic year:

Activities	Time Commitment (per week)

**V. Reference**

Please list two references (faculty or staff) who would support your application for this program:

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Phone: \_\_\_\_\_