

Appendix C
Salisbury University Application for Admission to Internship in Public Health

**SALISBURY UNIVERSITY
APPLICATION FOR ADMISSION TO
INTERNSHIP IN PUBLIC HEALTH**

TENTATIVE INTERNSHIP SEMESTER _____

Name _____ **Student ID#** _____

Home Address _____

Telephone # _____

Local Address _____

Telephone # _____

Cumulative GPA _____

Advisor's Signature _____

Record your final grade for each of the courses below:

HLTH 110	Foundations of Health Education	4	_____
HLTH 225	Health Behavior	4	_____
HLTH 230	Chronic & Communicable Diseases	4	_____
HLTH 311	Human Sexuality	4	_____
HLTH 312	Drugs and Public Health	4	_____
HLTH 315	Community Nutrition	4	_____
HLTH 325	Planning & Assessing Health Ed Programs	4	_____
HLTH 326	Measurement and Evaluation of Health Program	4	_____
HLTH 330	Principles of Epidemiology	4	_____
HLTH 361	Health Communication	4	_____
HLTH 450	U.S. Healthcare and Public Health Policy	4	_____
HLTH 479	Senior Seminar in Public Health	4	_____

Signature of Approval _____

SU Public Health Internship Site Coordinator