

## Baylor College of Medicine Administrative Internship Application

Baylor College of Medicine’s internship program is designed to provide students the opportunity to enhance their personal development, as well as their understanding of BCM, Baylor Clinic, and its affiliated clinic and academic partners. This is an administrative internship. The internship is not structured to provide opportunities to shadow clinical physicians or conduct research in a lab environment.

The program is open to college students, and graduate students. The official program dates are June 7 – August 6. We will provide learning opportunities outside of the host department during this time period. We recognize that students and departments need flexibility on start and end dates; you will work with your host department to arrange your start dates. We ask that students begin and end the internship within a week of the formal start and end dates.

The internship is unpaid and does not include housing. Selected participants are responsible for securing their own housing and transportation. You are asked to commit to 20 hours a week. Please work with your department to arrange your work schedule.

Applicants must submit a statement of interest, resume with name and contact information for two references, and complete a Baylor College of Medicine Application to [bcmadminintern@bcm.edu](mailto:bcmadminintern@bcm.edu). Please upload and email all documents into one document/attachment. Include your areas and departments of interest in your statement; this is not a guarantee of placement.

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email** \_\_\_\_\_

**Classification: (Please circle the one that applies for the 2021-2022 school year):**

Undergraduate (specify year) or Graduate Student (specify year)

**School Currently Attending:** \_\_\_\_\_

**Major:** \_\_\_\_\_

**Are you legally authorized to work in the U.S.?**                      Yes      No

**What is the basis of your current work authorization?**

- A citizen of the United States
- A lawful permanent resident
- A non-citizen authorized to work in the U.S.
- Other \_\_\_\_\_

I hereby certify that the facts provided on this my application are true and complete to the best of my knowledge. I understand that any false statement on this form may result in termination of the internship. By signing below, I certify that I have read and agree with these statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date