



GOVERNMENT OF PUERTO RICO

DR. ARTURO MORALES CARRIÓN  
Internship Program  
The Washington Center  
International Affairs Program

## GENERAL INFORMATION

NAME \_\_\_\_\_ \* LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER \_\_\_\_\_

GENDER ☐ F ☐ M DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
MONTH DAY YEAR

U.S. CITIZEN? ☐ YES ☐ NO U.S. PERMANENT RESIDENT? ☐ YES ☐ NO PERMANENT RESIDENT CARD # \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PERSONAL E-MAIL \_\_\_\_\_ COLLEGE OR UNIVERSITY \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

RELATIONSHIP TO THE APPLICANT \_\_\_\_\_

EMERGENCY CONTACT'S PHONE (DAY) \_\_\_\_\_ (NIGHT) \_\_\_\_\_

## TERM FOR WHICH YOU ARE APPLYING

YEAR \_\_\_\_\_ ☐ FALL SEMESTER ☐ SPRING SEMESTER

## OTHER IMPORTANT DATA

Use the following code to indicate your proficiency in the English Language: **FLUENT = 3 ADEQUATE = 2 SLIGHT = 1**

SPEAKING \_\_\_\_\_ READING \_\_\_\_\_ WRITING \_\_\_\_\_

FOREIGN COUNTRIES VISITED \_\_\_\_\_

ARE YOU COMPUTER LITERATE? ☐ YES ☐ NO

WHICH COMPUTER PROGRAMS AND APPLICATIONS HAVE YOU USED? \_\_\_\_\_

\*The Social Security number provided by the applicant shall not be displayed in such a way that could be seen by the public, but will be kept as confidential data use as an internal reference, in accordance to information privacy laws.

## INTERNSHIP AGREEMENT

- ☐ I understand that this application form, plus the supporting documents I provide, become the property of the Dr. Arturo Morales Carrión (AMC) Internship Program and will be shown to the potential supervisors of my internship. I will not request that the materials be returned or transferred to other institutions or potential employers.
- ☐ I certify that I personally have completed the application and that the information I am providing is complete and accurate.

► \_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

## CAMPUS LIAISON INFORMATION

- ☐ I have reviewed this application and endorse this student's candidacy for the AMC Internship Program.
- ☐ I certify that he/she will be receiving academic credit for this internship experience, as detailed on the Internship Application. I recognize that I am serving as a Campus Liaison of faculty for this student for the duration of the program and will receive all evaluations for the student.

NAME TITLE

COLLEGE OR UNIVERSITY

MAILING ADDRESS

PHONE E-MAIL

► \_\_\_\_\_  
SIGNATURE OF CAMPUS LIAISON DATE

## ACADEMIC INFORMATION

STATUS DURING PROGRAM ☐ JUNIOR ☐ SENIOR ☐ GRADUATE ☐ OTHER

YOUR SCHOOL'S CALENDAR ☐ SEMESTER ☐ QUARTER ☐ TRIMESTER ☐ OTHER

COLLEGE OR UNIVERSITY CITY STATE

DATE ATTENDED \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ MAYOR GPA  
MONTH DAY YEAR MONTH DAY YEAR

EXPECTED DATE OF GRAD. \_\_\_\_/\_\_\_\_/\_\_\_\_ TOTAL CREDITS APPROVED (AT PRESENT)  
MONTH DAY YEAR

NUMBER OF CREDITS YOU WILL RECEIVE FOR YOUR INTERNSHIP DEPARTMENT AWARDED CREDITS

NUMBER OF CREDITS YOU WILL RECEIVE FOR YOUR INTERNSHIP COURSE DEPARTMENT AWARDED CREDITS

## HOUSING POLICY

By living in the housing provided by the Dr. Arturo Morales Carrión Program during your internship you must accept the following rules and regulations:

- ☐ The Program is not responsible for loss or damage to personal property and recommends that you insure your valuables.
- ☐ The Program does not permit pets on the premises.
- ☐ The Program reserves the right to change student's accommodations at any time, fill a vacancy in the room by placing another person in the room without prior notice and enter the room for inspection or repairs.
- ☐ The Program reserves the right to expel any student from the program's housing whose conduct, in the opinion of the Program Director, is harmful or potentially harmful to the student in our Program or others.
- ☐ You are required to have health insurance and to provide proof of such insurance upon request.
- ☐ Smoking is not allowed in housing units.

## ROOMMATE PREFERENCES

- ☐ I am a day person (prefer to get up and go to bed early).
- ☐ I am a "night" person (prefer to get up and go to bed late).
- ☐ I do ☐ I do not need silence to study.
- ☐ I would ☐ I would not mind if my roommate had occasional overnight guest.

Please indicate any special needs or requirements:

Preferred roommate (if any):

► \_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Dr. Arturo Morales Carrión Internship Program of the School of Diplomacy and Foreign Relations actively strives for equal access to its programs for all regardless of race, religion, national origin, gender, sexual orientation, age, physical challenge or veteran status. All AMC programs attempt to include a diversity of students in order to enhance the educational experience for all participants.

## CONTACT



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The School of Diplomacy and Foreign Relations Dr. Arturo Morales Carrión operates its program directly or through alliances with public or private institutions. In this particular case the International Affairs Program is conducted by *The Washington Center*.