University of Maryland

Supplemental Internship Application Form

|  |  |
| --- | --- |
| **Name** |  |
| **Address****City, State, Zip** |  |
| **Telephone Number** |  |
| **E-mail Address** |  |
| **Didactic Program** |  |

The $40 application fee must accompany the supplemental application. Please make checks payable to the University of Maryland.

Supplemental Application must be received by mid-February due date to be considered.

Mail supplemental application with application fee to:

Anyea Lovette

Internship Director

Department of Nutrition and Food Science

University of Maryland

0112 Skinner Building

College Park, MD 20742