WESTERN UNIVERSITY OF HEALTH SCIENCES
Office of Research Outreach | Pomona, California

High School Research Internship

Student Application · Ages 14 to 17

BEFORE YOU BEGIN

This application is for students ages 14 to 17 who are currently enrolled in high school. A parent or legal guardian must be named in Section C and must initial the transportation acknowledgement in Section E.

Return the completed form to researchoutreach@westernu.edu.

You can type directly into this PDF and save it, or print it and fill it in by hand in blue or black ink.

SECTION A STUDENT INFORMATION

LEGAL FIRST NAME | MIDDLE INITIAL | LEGAL LAST NAME

PREFERRED NAME (OPTIONAL) | DATE OF BIRTH (MM/DD/YYYY) | AGE ON FIRST DAY OF PROGRAM

STUDENT EMAIL ADDRESS | STUDENT MOBILE PHONE

SECTION B SCHOOL INFORMATION

HIGH SCHOOL NAME | SCHOOL CITY AND STATE

GRADE LEVEL IN THE UPCOMING TERM | EXPECTED GRADUATION YEAR | CUMULATIVE GPA (OPTIONAL)

SCIENCE AND MATH COURSES YOU HAVE COMPLETED OR ARE CURRENTLY TAKING (Not Required for the Internship)

- ☐ Biology
- ☐ Chemistry
- ☐ Physics
- ☐ Anatomy / Physiology
- ☐ Algebra II
- ☐ Pre-Calculus / Calculus
- ☐ Statistics
- ☐ Computer Science
- ☐ AP or IB science course

SCHOOL CONTACT WHO CAN CONFIRM YOUR ENROLLMENT AND GOOD STANDING

TEACHER OR COUNSELOR NAME | TITLE / SUBJECT | SCHOOL EMAIL ADDRESS

SECTION C PARENT OR LEGAL GUARDIAN

PARENT / GUARDIAN FULL NAME | RELATIONSHIP TO STUDENT

PARENT / GUARDIAN EMAIL ADDRESS | DAYTIME PHONE

SECTION D EMERGENCY CONTACT

Someone other than the parent or guardian in Section C, who can be reached during program hours.

FULL NAME | RELATIONSHIP TO STUDENT | PHONE

SECTION E GETTING TO AND FROM CAMPUS

The student will be dropped off at the start of every scheduled shift and picked up at the end of it by the parent or legal guardian named in Section C. Interns do not travel to or from campus on their own, and program staff will not release a student to an adult who is not on file.

STUDENT INITIALS | PARENT / GUARDIAN INITIALS | DATE

SECTION F WESTERNU PLACEMENT LAB

FACULTY MENTOR NAME | START DATE (MM/DD/YYYY)

SECTION G STUDENT AGREEMENT

By signing below I confirm that the information in this application is true and complete. I understand that if I am placed in a lab I will work under the direct supervision of an assigned adult mentor at all times, sign in and out for every visit, wear the personal protective equipment I am given, stay out of restricted areas and materials, keep only the hours approved for me, and complete all required training before I begin.

STUDENT SIGNATURE | PRINTED NAME | DATE

OFFICE USE ONLY Date received _____ Reviewer _____ Eligibility verified _____ Mentor match _____ Decision _____