



# the Maryland Anxiety Center

CENTER FOR THE TREATMENT OF ANXIETY & RELATED DISORDERS

## Internship Application

Name \_\_\_\_\_

Term (check one)     Spring     Summer     Fall    20\_\_\_\_

Where did you learn about this internship? \_\_\_\_\_

What year in school will you be during the term for which you are applying? (check one)

Freshman     Sophomore     Junior     Senior     BA Completed     Graduate Student

Are you planning on doing this internship for school credit? (check one)     Yes     No

Will you be employed during this term?     Yes     No    If yes, how many hours per week? \_\_\_\_\_

Long-term, what field(s) do you hope to be in?     Research     Clinical     Academia

What population are you interested in working with? \_\_\_\_\_

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Why are you interested in learning more about anxiety and related disorders? \_\_\_\_\_

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