

**MCH Information Resource Center
Graduate Student Internship Program**

**Health Agency Internship Proposal
Summer 2005**

State:

Department/Agency:

Program:

Location of Internship Site:

Title of Internship Position:

Skill Area: Data Analysis and Monitoring Needs Assessment Program Evaluation

Please answer the following questions, using attached sheets if necessary.

1. Please give a summary of the program, project, or agency that will house the internship project.

2. In detail, please describe your proposed internship, including a) purpose, b) goals, and c) objectives.

3. What data or analytic tasks and activities will be involved in this project?

4. What data or analytic skills does the internship require? (Include software applications and statistical/analytical competencies).

5. Who will supervise the student and be available for guidance and technical assistance? Please provide the name, position, department, and information related to specific data and/or analytic background for both a primary and a secondary supervisor.

6. When is the most suitable time to begin the internship?

7. Are you able to assist the student in locating and securing housing during the period of the internship? If yes, what type of housing is available (e.g., campus dorms, nearby apartments, etc.)? Is the work site accessible via public transportation?

8. Who will be the contact person for logistics and other communications regarding this internship proposal?

Name:

Mailing Address:

Email address:

Telephone:

Fax:

Please email completed proposal form (as an attachment) by November 19, 2004 to:

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