

Lyme Disease Research Summer Internship Program

Please submit this form and your resume/CV to swaroopa.vaidya@nuvancehealth.org by March 6, 2020 at 11:59 PM EST for full consideration.

Name:

E-mail:

Phone number:

Permanent mailing address:

College/University:

Program of study/major:

Present class: Freshman Sophomore Junior Senior Graduate program

Dates when you are available:

Briefly describe your clinical research experience, career goals, and why you are interested in this program. Include in your response a description of what you hope to gain through this program.

Please provide contact information for two references who can speak to your experience.

Name:

Phone number:

E-mail:

Name:

Phone number:

E-mail: