State of Connecticut
Office of the Governor

Internship Program Application

When submitting this application, please also attach your resume, a cover letter, and one letter of recommendation from a professor or academic advisor.

Date of Application

Name		
Home Address		
City	State	Zip Code
Phone Number		
Email Address		

School Name		
School Address		
City	State	Zip Code

Emergency Contact Name
Emergency Contact Address
Emergency Contact Phone Number

Semester that applicant wants to complete an internship: ☐ Spring ☐ Summer ☐ Fall

Internship Interest Survey

Current Degree Program
Major/Minor

Which department(s) within the Governor's Office are you most interested in?

☐ Policy ☐ Legislative Affairs ☐ Legal ☐ Constituent Services ☐ Communications

What are your career goals?
How can an internship in the Governor's Office assist you in achieving those goals?

What days and hours during the week are you available to complete this internship?