



Centre of Policy Studies

Summer Internship Application Form

Personal Information

Surname: _____

Given name: _____

Year Level:
(3rd year, Honours) _____

University or Institution: _____

Expected graduation
date: _____

email address: _____

phone number: _____

Project title

Please nominate up to two potential research projects in order of preference.

Project 1	
Project 2	

Have you discussed any of the above research projects with the project contact/supervisor? Y / N

If yes, who? _____

Availability during summer period

Please confirm your availability for a 6-8 week appointment during the summer period, late November to mid February: Y / N

Academic transcript

Please confirm your academic transcript is attached to this application: Y / N

Applicant Signature: _____ Date: _____

Please email your completed form and academic transcript to Prof Glyn Wittwer:
glyn.wittwer@vu.edu.au.