

# CAPTIVE WILD ANIMAL MANAGEMENT UNIVERSITY OF MISSOURI INTERNSHIP APPLICATION

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Student ID \_\_\_\_\_

Email address: \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Class: Fr So Jr Sr Overall GPA \_\_\_\_\_ GPA Last Semester \_\_\_\_\_

Semester in which you wish to enroll in credit: \_\_\_\_\_ Year \_\_\_\_\_

Academic advisor \_\_\_\_\_

Expected completion date of degree \_\_\_\_\_

Local address \_\_\_\_\_  
(Number, Street)

Phone \_\_\_\_\_

Permanent address \_\_\_\_\_  
(Number, Street)

\_\_\_\_\_  
(City, State, and Zip)

Parent or Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
(City, State, and Zip)

Phone \_\_\_\_\_

Name of internship institution:

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Type of operation: (Zoo, Rehabilitation facility, aquarium, etc)

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Detailed Learning Objectives