

COMMISSIONERS OF THE LAND OFFICE

CAPIP INTERN PROGRAM

Application

Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

University of College _____

Cumulative GPA _____ Expected Graduation Date _____

Major or Area of Specialization _____

Completed Degree(s) _____ Minor _____

2020 SUMMER WORK HOURS

(15-20 hrs per week, between 8:00 a.m. – 4:30 p.m.)

WEEKDAY	FROM	TO	# OF HOURS
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Total Hours Per Week			

APPLICANT SIGNATURE

I hereby certify that all statements made on this application are true and correct and I understand that any false statement made by me on this application and any attachments could cause me to be ineligible for the intern program or terminated from the intern program. I authorize the Commissioners of the Land Office, or their designee, to investigate and verify the facts claimed by me on this application and any attachments.

Signature

Date