



The University of Mississippi Division of Outreach and Continuing Education

# internship experience NEW YORK

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## *Bridging the gap between your academic training and your professional future*

Students who participate in The University of Mississippi New York Internship Experience (NYIE) will live and work in New York City, widely regarded as the finance and business capital of the world. In addition to its commercial importance, New York is an exciting cultural center with a rich mix of world-class museums, innovative performing arts, and fine international cuisine. New York offers a challenging professional environment and a vibrant multicultural atmosphere which provide students with many opportunities to further their academic, professional and personal goals.

To be eligible, students must be enrolled full-time at The University of Mississippi as a degree-seeking student. Students should be juniors or seniors at the time of their participation. Students must have a minimum GPA of 2.75 to apply. Participants should be highly motivated, reliable, and adaptable. They must also possess strong written and oral communication skills.

This unique experience is valuable for students in all majors including journalism, education, English, business, engineering, biology, art, theatre, criminal justice, public policy, international affairs, and history.

Please submit the following items with your completed application to the New York Internship Experience (NYIE) office in 104 E.F. Yerby Conference Center.

\_\_\_\_\_ **Transcript:** Attach a copy of your most recent, complete transcript.

\_\_\_\_\_ **Sample Cover Letter**

\_\_\_\_\_ **Résumé:** Attach a résumé which highlights your education and experience.

\_\_\_\_\_ **Personal Statement:** Attach a one-page statement (12 point Times Roman font; single spaced; 1" margins) which describes your interest in participating in the New York Internship Experience and what you believe to be the benefits of your participation.

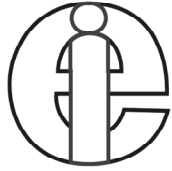
\_\_\_\_\_ **Writing Sample:** Attach a copy of a 3 to 5-page writing assignment (i.e. essay, report, research paper, etc.) that you submitted as a course assignment, free of marks and/or grades from professors.

\_\_\_\_\_ **Letters of Recommendation:** Ask your advisor or a faculty member *and* two former employers to complete the reference form and return it to the New York Internship Experience Director.

\_\_\_\_\_ **Application Fee:** The application fee is \$50 and will be charged to your bursar account. This fee is not refundable and will be charged to your Bursar account. By submitting this application, you understand that you are obligated to pay this fee regardless of future circumstances.

The selection process is competitive, and a completed application does not guarantee the applicant selection to the program. Upon reviewing the applications, a campus committee will select several candidates to be interviewed for the positions available.

# APPLICATION FOR ADMISSION



The University of Mississippi Division of Outreach and Continuing Education

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Please provide the following information.

Name of Applicant: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Term applied for: Summer Year \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male  Female

**Citizenship:**

US Citizen  US Permanent Resident  Non-Citizen Visa or Permanent Resident # \_\_\_\_\_

*Under Title VI of the Civil Rights Act of 1964, we are required to ask the following question of U.S. citizens and permanent residents. Answers will not affect our admissions decisions. Your cooperation is requested and appreciated.*

How do you describe yourself? Mark all that apply (optional):

Race / Ethnicity:  White (not of Hispanic origin)  Black (not of Hispanic origin)  
 Hispanic  Asian, or Pacific Islander  
 American Indian or Alaskan Native  Other \_\_\_\_\_

**Local Address:**

Street \_\_\_\_\_ Apt./Box No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Permanent Address:**

Street \_\_\_\_\_ Apt./Box No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary/Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address(es): \_\_\_\_\_

**Emergency Contact:**

\_\_\_\_\_  
Name Telephone Number (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Classification:  Sophomore  Junior  Senior  Graduate Student ID Number \_\_\_\_\_

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

Academic Advisor: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Major GPA: \_\_\_\_\_ Residency Status:  In State  Out of State  
(Most recent transcript must be attached)

Do you receive other financial aid/scholarship awards?  Yes  No

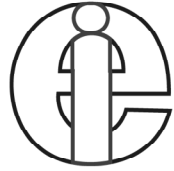
Please list: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Departmental Chairperson's Signature \_\_\_\_\_ Date \_\_\_\_\_

*The University complies with all applicable laws regarding affirmative action and equal opportunity in all its activities and programs and does not discriminate against anyone protected by law because of age, color, disability, national origin, race, religion, sex, sexual orientation, handicap, or status as a veteran or disabled veteran.*

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I hereby grant The University of Mississippi permission to release the information checked below concerning my participation in the New York Internship Experience. The information indicated below may be released to other participants in the program and may be released to future applicants and/or program participants.

- |  |   |
|--|---|
| <input type="checkbox"/> ALL OF THE FOLLOWING                | <input type="checkbox"/> College/University                               |
| <input type="checkbox"/> Local Address, Telephone Number     | <input type="checkbox"/> Major Area of Study                              |
| <input type="checkbox"/> Permanent Address, Telephone Number | <input type="checkbox"/> Program of Participation                         |
| <input type="checkbox"/> Email Address(es)                   | <input type="checkbox"/> Internship Placement Information (if applicable) |

May we send your parents/guardians information about your participation in the program?  Yes  No

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address: Street

\_\_\_\_\_  
Apt./P.O. Box

\_\_\_\_\_  
Date

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

If you are accepted into the NYIE Program, you **MUST** agree to live with the other participants in University-provided, shared housing and to participate in associate programming, which may include community service activities.

Do you agree to live in this unique living-learning community, participate in required programming, and abide by the rules and regulations which include, but are not limited to, those enforced in on-campus housing at The University of Mississippi?

Yes  No

Because you will be sharing housing with other participants under NYIE rules and regulations, we reserve the right to check any university records to determine past disciplinary actions. Do you agree to allow NYIE administrators and staff access to those records?

Yes  No

I hereby certify that I have personally completed this application, and that the information is accurate. I understand that items submitted in behalf of this application are the sole property of The University of Mississippi and will not be returned or transferred. I understand that the **\$50 application fee** is not refundable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Return Completed Application Materials to:

Laura Antonow  
New York Internship Experience  
104 E.F. Yerby Conference Center  
P.O. Box 1848  
The University of Mississippi  
University, MS 38677-1848

Phone: (662) 915-6511  
Fax: (662) 915-5138  
Email: nyie@olemiss.edu



THE UNIVERSITY of  
**MISSISSIPPI**