SUNY
Cortland

Healthcare Management Fieldwork
Intent to do Fieldwork
___ Fall ___ Spring ___ Summer Semester of the year 20___.

Name _____ C# _____
        (last)   (first)   (M.I.)

Cortland Address _____

Telephone Number _____

Cortland E-Mail _____

Permanent Address_____

Telephone Number_____

Emergency Contact Info: NAME + PHONE NUMBER (PARENTS/SPOUSE/ETC.)

_____

As of this date, provided I meet all of the eligibility requirements of the Department, I intend to complete my Internship in the Healthcare Management Program during the:
___ **Fall** ___ **Spring** ___ **Summer** Semester **of the year 20___.**

(Signature)_____ (Date)_____