

## Renal Research Internship Program (RRIP) Application

<b>First, Middle and Last Name</b>	
<b>Name of Emory Employee who referred you</b>	
<b>Current Mailing Address</b> (Street Address or P.O. Box, Apartment #, campus address, etc., City, State, Postal/Zip)	
<b>Telephone Number</b>	
<b>Email Address</b>	
<b>Citizenship and VISA Status</b> (if applicable)	

<b>Education:</b> <i>Please attach your University transcripts (in English) to support information provided below.</i>	
<b>Institution and Address</b>	
<b>Expected Graduation Date or Graduation Date</b>	
<b>Major Concentration</b>	
<b>Expected Degree or Degree</b>	
<b>Overall Graduate GPA(3.0 minimum required)</b>	
<b>Undergraduate Institution</b>	
<b>Undergraduate GPA</b>	
<b>Please list courses that have been helpful in preparing you for an intern experience including trainings and certifications:</b>	

## Renal Research Internship Program (RRIP) Application

Please prepare a one page personal statement describing your research interests and experience, as well as your future career goals.

# Renal Research Internship Program (RRIP) Application

## Agreement of Program Terms

I, *(please print name)* \_\_\_\_\_, have read and understand the guidelines and internship program information. By signing below, I show that I understand that this program does not offer compensation or a promise of any employment following the program. I will adhere to all rules and policies while taking part in the Renal Research Internship Program for the Renal Medicine Division.

---

Signature of candidate

---

Date