



OFFICE OF THE PRESIDENT
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THE CITY OF NEW YORK

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Mark D. Levine, Borough President

MBPO INTERNSHIP/FELLOWSHIP APPLICATION FORM

Please print and provide all information below.

Student's Name: _____ D.O.B _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

E-mail Address: _____

I am applying for the >>> **Fall 2023/ Spring 2023 / Summer 2023** Internship/Fellowship (Circle one).

MBPO Assigned Unit Name: _____

Start and End Dates for Internship/Fellowship:

School Name: _____

What Year are you in? _____

What is your current major/area of study? _____

Please include your schedule here:

DAY	AM	PM
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

Intern/Fellow Signature: _____ **Date:** _____