

**Regulatory Science Internship Program
Application Form**

Contact Information

First Name: _____ Last Name: _____ MI: _____
Address: _____ Apt/Suite: _____
City: _____ State: _____ Zip Code: _____
Email: _____
Phone: _____

Education

The degree that I am currently pursuing is a: _____
Educational Institution: _____
Major/Field of Study: _____
Expected Completion Date (MM/YYYY): _____

Research Interests

Select up to **three** regulatory science priority interest areas. To learn more about these priority areas, visit FDA.gov.

- #1
- #2
- #3

If you selected Other, please select up to **three** fields of interest.

- #1
- #2
- #3

In 250 words, explain why you are interested in a Regulatory Science internship at the FDA.

Applicant Signature

Date

Paperwork Reduction Act Statement: The public reporting burden for this information collection is estimated to average one hour per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this information collection to PRASStaff@fda.hhs.gov.

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