

Augusta University
State Legislative Intern Application

Full Legal Name: _____

Current/School Address: _____

Permanent Address: _____

Telephone: _____

E-mail address: _____

In which state and county are you registered to
vote: _____

Total number of hours completed as of December of current
year: _____

Expected Graduation Date: _____

Major: _____

Minor: _____

Academic Grade Point Average: _____

* Please submit this application, two letters of
recommendation, and resume by November 16th to
Margie.Miller@augusta.edu