



Center for Middle Eastern Studies

CMES Internship/ Research Experience Funding Application

Personal Information

Name

Student ID

Local Mailing Address

City/State

Zip Code

Cell Phone

Other Phone

Primary e-mail

Secondary e-mail

Academic Status

Are you a currently enrolled student at the
University of Arizona?

Yes
No

Current Cumulative GPA

Academic level at time of internship/ research

Junior

Senior

Master's

Doctoral

Home Department

Major(s)

Name of internship/ research experience organization

Location of internship/ research experience

City

State/Country

Start and end date of internship/ research experience

Length of internship/ research experience in hours or weeks

References

List the name and affiliation of the person you have asked to write to the selection committee in support of your application. It is your responsibility to ensure that the referee sends a letter of recommendation by the application deadline.

Name

Position

Department

Certification

I hereby certify that all information I have provided in this application is true and accurate.

Applicant Name (typed or printed)

Applicant Signature (sign in pen)

Date

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