



## Application for Internship

The Archimedes Hawaii Project, University of Hawaii, Honolulu

<b>First Name:</b>	<b>Last Name:</b>
<b>University:</b>	<b>Academic Level:</b> <input type="checkbox"/> Undergrad <input type="checkbox"/> Graduate <input type="checkbox"/> Postgraduate
<b>Street 1:</b>	
<b>Street 2:</b>	
<b>City:</b>	<b>State:</b>
<b>Country:</b>	<b>ZIP:</b>
<b>Work Phone:</b>	<b>Home Phone:</b>
<b>Cell Phone:</b>	<b>Fax:</b>
<b>e-mail:</b>	
<b>Home Page:</b>	
<b>Interests:</b>	<b>Skills:</b>
<b>Qualifications:</b>	
<b>Proposed Starting Date:</b>	<b>Proposed Duration:</b>
<b>Special Needs:</b>	
<b>Signature:</b>	<b>Date:</b>

Please complete this form and email, fax, or mail to The Archimedes Hawaii Project.

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