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FOR OFFICE USE ONLY:

Date Received: _____

**UNIVERSITY ASSOCIATES
 INTERN PROGRAM**

APPLICATION FORM (PLEASE TYPE OR PRINT. YOU MAY REFERENCE APPLICATION SECTION NUMBERS ON A SEPARATE DOCUMENT)

Date: _____ Name: _____

Company: _____ Title: _____

Address: _____

City: _____ State/Province: _____ Zip/PC _____

Tel:(W) _____ (H) _____ (F) _____

E-mail: _____ URL: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS. ATTACH ADDITIONAL PAGES AS NECESSARY.

I. Which University Associates workshops have you attended? Please include dates and locations (Indicate if none.)

| WORKSHOP TITLE | DATE | LOCATION |
|----------------|------|----------|
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II. Please list the names, and in what capacity, you know previous or current participants of the UA Intern Program. (Indicate if none.)

III. Describe your present involvement in HRD and/or OD. Are you currently using experiential methods in your work?
 Yes No If Yes, explain how.

IV. Describe your background as a participant in non-University Associates HRD/OD training. Include your experiences in advanced programs, supervised training, special seminars, on-the-job training, intensive group experiences, and/or group development conferences.

V. Describe the HRD/OD training and development workshop activities in which you have functioned as a staff member during the last five years. Include the approximate date, type of event, duration, your role, the names of other staff members, and a brief description of the design.

VI. Write a concise statement of your goals and expectations for this advanced professional development experience. For example, what skills would you expect to improve? How do you expect to use these new learnings? What is your understanding of what will be expected of the members of this learning community in terms of their intra-group relations?

VII. Have you ever participated in any personal growth group(s) or workshop(s)? Include approximate date(s) and type of the experience(s). Please describe the experience(s).

VIII. The following questions are confidential. If you wish, you may answer on a separate sheet and place in a sealed envelope attached to your application. The envelope should be marked "CONFIDENTIAL" and sent to: Jack Knight, President, University Associates

A) Indicate whether you have ever sought help from psychotherapy or therapeutic counseling. Note the duration and when it occurred.

B) If you are currently undergoing psychotherapy or therapeutic counseling, it is *required* that you attach a statement from your therapist expressing his/her agreement for you to attend this program.

IX. Attach a copy of your current resume prepared according to the following outline:

1. Demographic Data: Name, address, home and business phone numbers, marital status, birth date
2. Education: Degrees, date received, institutions, major field, clinical training such as internships or fellowships
3. Professional Work Experience: Organizations, type of work, dates employed, summary of work experience
4. Professional Consulting and/or Training Experience(s): Activities, number of events, and type of clients in outline form or a summary statement
5. Professional Interests: Either in outline form or a summary statement
6. Hobbies
7. Publications: In standard bibliographical form
8. Certificates or Licenses
9. Memberships (in professional organizations)

Please send to:

**UNIVERSITY ASSOCIATES, INC.
UA INTERN PROGRAM
PO Box 37255
TUCSON, AZ 85740-7255**

X. Tuition:

- Tuition costs of the program are US\$6,995.00 including a non-refundable application fee of US\$200.00. Fees include meal costs for all breakfasts, lunches, breaks, text books, and handout materials.
- The application fee and tuition may be paid by check, Visa, AMEX, or MasterCard. A purchase order will be accepted **only** if it is for the full tuition of US\$6,995.00 and it accompanies the application. If you send a purchase order with your application, the full tuition will be invoiced at that time.
- Full tuition may be paid prior to the start of Phase I otherwise; a tuition payment of US\$3,497.50 **must be paid prior** to the start of Phase I and the balance of US\$3,497.50 **must be paid prior** to the start of Phase II.

Note: If you choose to pay in full or use a purchase order with submission of your application and for any reason you are not able to attend the program, the inclusive tuition fee of US\$6,995.00 less the application fee of US\$200.00 will be refunded to you.

XI. The primary goal of the UA Intern Program is to assist participants in their professional development. To make this process more effective, a portion of the program involves the opportunity to increase self-awareness and to foster personal and inter-personal development.

With these factors in mind, please review the following *CRITERIA FOR PARTICIPATION* in the UA Intern Program:

- No one should use this program as a substitute for therapeutic counseling and/or psychotherapy. Anyone currently undergoing any treatment of this nature is expected to discuss the advisability of program attendance with the person directing his/her treatment, and to obtain *written* approval for attendance. This must be filed with the application.
- Each participant should have a genuine desire to learn about herself/himself, inter-personal relations, and about small group behavior.
- Each participant should be committed to her/his professional development.

XII. I am voluntarily applying and have carefully read and meet the criteria described in the program brochure for the UA Intern Program.

Signature: _____

Date: _____

Note: This application will not be processed unless all questions are answered and the application is signed.

Send completed application form, resume and any attachments with a US\$200.00 non-refundable application fee to:

UNIVERSITY ASSOCIATES, INC.
UA INTERN PROGRAM
PO Box 37255
TUCSON, AZ 85740-7255

An income tax deduction is allowed for educational expenses (including tuition, travel, meals, and lodging) undertaken to maintain and improve professional skills (see Treasury Regulation 1.162-5 or Coughlin vs. Commissioner 203-f 2nd 307).



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