SCDNR FRESHWATER FISHERIES INTERN PROGRAM APPLICATION

Name:			Date:		
Address:			_		
City:	State:	Zip Coo	le:		
E-Mail:		Home Town:			
/alid driver's license?	_Yes No If yes, Drive	ers License # and	State of Issue:		
Name of Educational Institut	ion:	Major:			
low many credit hours have	you completed in your m	ajor area of study	/?		
Cumulative GPA?	Expec	ted Graduation D	ate:		
Ay primary area of interest is: Regional Fisheries Man		nagement	Fish Propagation		
Research	Nongame Species Mgt.		No Preference		
am willing to work in:					
Columbia	Clemson	Florence	Bonneau	Cheraw	
Walhalla	Other (Specify) No Preference				
Academic Advisor Signature		Date			
Please provide two reference	es who are not relatives ar	nd a current resu	me not to exceed two pages	.	
lame			Phone		
ame			Phone		
Send this application, a resu	me, and unofficial transci	ripts to:			
Email Address: Mailing Address:	FisheriesInterns@dnr.sc.gov Lynn Quattro South Carolina Department of Natural Resources P. O. Box 167, 1000 Assembly Street Columbia, SC 29202 803-734-9094				

Electronic submissions are preferred Deadline for submission is Oct. 27, 2023