**personal Contact Information**

Name:       Daytime Telephone:       E-mail Address:

Mailing Address:       City:       State:       Zip Code:

Are you a current (paid) student member of the STL-ODN? [ ]  Yes [ ]  No

**Graduate Program Information**

Where are you enrolled in graduate studies?

What department and program?

What degree are you pursuing?

What is your expected date of graduation?       I attest my graduate program is accredited. ☐

**faculty and sponsorship information**

Faculty Advisor Name:       Faculty Advisor Telephone:

Faculty Advisor E-mail Address:

**Interests**

What are some of your areas of interest within organization development? What specific skills or exposure do you hope to gain through this experience?

**Confirmations**

By submitting this application, you are attesting that 1) you are a graduate student in good standing or entering a local program focusing on leadership and organization development, I/O psychology, HR development, or a related program with OD coursework and 2) you have obtained the appropriate approvals from your graduate advisor at your university. Please check here if you have satisfied these conditions: ☐

**to apply**

**For consideration, please e-mail the following to Amy Quarton (****amy.quarton@gmail.com****) by May 1, 2015 at close of business:**

* **Your completed application (this form), and**
* **A current resume, including a list of your completed graduate coursework.**

We welcome your questions at any time. Thank you!