



**PRETRIAL SERVICES AGENCY**  
*for the*  
**DISTRICT OF COLUMBIA**  
**INTERNSHIP APPLICATION**

**APPLICANT INFORMATION**

Name:

Street Address:

City:

State:

ZIP Code:

Phone:

Email:

**ACADEMIC INFORMATION**

School Name:

Current GPA:

Major:

Anticipated Graduation Date:

In Good Academic Standing:

Yes

No

Enrollment Status:

Full Time

Part Time

Other:

Academic/Internship Advisor's Name:

Academic Advisor's Email:

Academic Advisor's Phone:

**INTERNSHIP INFORMATION**

Participation will be at least 2 months or longer?

Yes

No

Available for a minimum of 12 hours per week?

Yes

No

Type of Internship:

Undergraduate

Graduate

Semester applying for:

Fall

Spring

Summer

Other:

**APPLICATION INFORMATION**

**Application Deadlines**

- Fall Semester – July 15
- Spring Semester – December 1
- Summer Semester – April 1

**Application Must Include:**

- ✓ Completed Internship Application
- ✓ Resume
- ✓ Proof of Academic Enrollment

**Send Completed Application To:**

**Email:** [PSA.Internship@psa.gov](mailto:PSA.Internship@psa.gov)

**Fax:** 202-442-1795

**US Mail:** Pretrial Services Agency for the District of Columbia  
633 Indiana Avenue, NW Suite 1120  
Washington, DC 20004  
ATTN: Internship Coordinator

**Questions?** Call 202-442-1020 or send an email to [PSA.Internship@psa.gov](mailto:PSA.Internship@psa.gov).