REQUEST FOR INTERNSHIP FORM

INTERN: _________________________  DATE: ______________

Class: □ Fr  □ So  □ Jr  □ Sr

Students requesting internships must complete this form (both sides) and get approval from the faculty member coordinating the internship. The faculty member will issue a permit and the student must then register by adding the class.

<table>
<thead>
<tr>
<th>Student Name: □ Male □ Female</th>
<th>Student ID #</th>
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<tbody>
<tr>
<td>Street Address:</td>
<td>Major:</td>
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<td>City &amp; Zip Code:</td>
<td>Drivers' License #:</td>
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Phones (Include Extension):
Please Check Preferred Means Of Communication

- □ Cell ( ) -
- □ Other ( ) -

Seeking Credits:

- □ 1=45 hrs  □ 2=90 hrs  □ 3=135 hrs  □ 4=180 hrs

Internship to be completed in year:

- □ Fall  □ Spring  □ Summer  □ month of
(Retroactive credit will not be given)

Email:  
Health Insurance: □ none

Name of Business/Nonprofit (Organization):  
Proposed Supervisor’s Name: 

Phones (Include Extension):
Please Check Preferred Means Of Communication

- □ Office ( ) -
- □ Cell ( ) -
- □ E-Mail:  

Compensation

- □ Hourly $ _______
- □ Stipend $ _______/ month  □ $ _______/ term
- □ Travel  □ Parking  □ Meals
- □ Other: ___________________________________
- □ Unpaid

Please state your reason(s) for desiring to undertake this internship:

See Attachment A

What specifically do you want to learn from this internship? (Please cite types of skills, experiences, activities)

See Attachment B

To be completed by Faculty: Name _________________________  Date: ______________

Name of Internship Company:  
Supervisor Name:  

□ Approved  □ Denied  Dept.  

□ Prerequisite Courses completed (listed on reverse of form)  □ Accurate contact info above

Credits: □ 1 elective  □ 2=100 hrs  □ 3=150  □ 4=180
Course #

Internship to be completed in year:  

□ Fall  □ Spring  □ Summer  □ month of
List Courses completed in Program (including transfers):

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<tr>
<th>Course 1</th>
<th>Course 2</th>
<th>Course 3</th>
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Student Signature: ________________________________  Date: ________________

Student Advisor’s Name: ________________________________  Date: ________________

Student Advisor’s Signature: ________________________________