

INTERNSHIP/PRACTICUM APPLICATION FORM

****You must have junior or senior standing and a cumulative gpa of 2.7 to participate in independent work.**

This form must be completed and returned to the Office of the Registrar with all required signatures before the end of the registration period for the semester in which you expect to receive credit.

AMOUNT OF CREDIT (CIRCLE ONE):			
INTERNSHIP 391 .50 UNIT	INTERNSHIP 392 1.00 UNIT	INTERNSHIP 393 1.50 UNIT	INTERNSHIP 394 2.00 UNITS
PRACTICUM 398 .50 UNIT	PRACTICUM 399 1.00 UNIT		
NAME:			
STUDENT ID:		DATE:	
PHONE:		KC#:	
SEMESTER / YEAR:		CLASS (CIRCLE ONE): JUNIOR SENIOR	
DEPARTMENT:			
NAME OF FIRM/AGENCY/OFFICE: ADDRESS:		SUPERVISOR NAME: SUPERVISOR PHONE: SUPERVISOR EMAIL:	
AREA OF INTERNSHIP EXPERIENCE (I.E. JUVENILE PROTECTION SERVICES):			
DATES OF INTERNSHIP:			
STUDENT MAILING ADDRESS DURING THE INTERNSHIP (THE LOCATION THAT ALL MAIL SHOULD BE SENT):			
STUDENT PHONE NUMBERS DURING INTERNSHIP:			
HOME:		OFFICE:	

If you will be driving to your internship placement, will you be driving in an insured vehicle? ___ YES ___ NO

Please contact the Financial Aid Office if this internship makes you a part-time student.

SIGNATURES	DATE
STUDENT:	
FACULTY SUPERVISOR:	
FACULTY (PRINT NAME):	
FACULTY SUPERVISOR IS REQUESTING SITE VISIT BY CAREER DEVELOPMENT This is in addition to the faculty contact with the site supervisor indicated in 3.13.3.2 of the Faculty Handbook	<input type="checkbox"/> YES <input type="checkbox"/> NO
DEPARTMENT CHAIR:	
ACADEMIC ADVISOR:	
DIRECTOR OF CAREER DEVELOPMENT:	
RESIDENTIAL LIFE:	

****I understand that if this is a summer internship I will be billed summer tuition for the unit(s) of credit that I will receive. Signature: _____ Date: _____**

Submit Completed Form to the Office of the Registrar.