STUDENT INFORMATION

Name: ____________________________________________________________________   ID#: ___________________

E-mail: ___________________________ Phone#: ________________________________  [ ]Cell  [ ]Home

Last First M.I.

Class Standing (sophomore, junior, senior, etc.): ____________________  Major:____________________________

Cumulative GPA: ___________________  Total Internship Credits taken prior to this request: ____________

INTERNATIONAL STUDENTS ONLY (TO BE COMPLETED BY ISSS ADVISOR)

This student is [ ] Eligible  [ ] Not Eligible  for internship authorization

Visa type: [ ] F-1  [ ] J-1  [ ] Other Visa

ISSS Advisor: ______________________  __________________________

Print name ___________________________ Signature ____________  Date ____________

INTERNERSHIP DESCRIPTION (TO BE COMPLETED BY FACULTY MEMBER OR AUTHORIZED PERSONNEL*)

Semester/Year of Internship Course: __________ / __________  Grade Mode: [ ] Satisfactory/Non-Satisfactory  [ ] Standard

Subject: ________  ________  ________  ________  Course#: ________  ________  ________  ________  Credits: ________  ________  CRN: ________  ________  ________  ________

Course Title: _____________________________________________________________

Instructor (please print): _________________________________________________  Ext.: __________________

Internship course responsibilities (on-site and off-site):

________________________________________________________________________

________________________________________________________________________

Internship learning outcomes:

________________________________________________________________________

________________________________________________________________________

Method of assessment: ____________________________________________________

________________________________________________________________________

Projected number of hours-- Spent on-site: ________  With faculty/staff supervisor: ________  Other: ________

Projected total hours: __________

REQUIRED SIGNATURES

Student: ___________________________ Date: ____________

Instructor: ___________________________ Date: ____________

Advisor: ___________________________ Date: ____________

Department Chair/Program Director: ___________________________ Date: ____________

Dean: ___________________________ Date: ____________

*For the College of Arts and Sciences, the College Internship Coordinator is authorized to supervise zero-credit internships.

Revised 10/20/15