

STUDENT INFORMATION

Name: _____ ID#: _____
Last First M.I.

E-mail: _____ Phone#: _____ ☐ Cell ☐ Home

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

Cumulative GPA: _____ Total Internship Credits taken prior to this request: _____

INTERNATIONAL STUDENTS ONLY <u>(TO BE COMPLETED BY ISSS ADVISOR)</u>	This student is <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible for internship authorization Visa type: <input type="checkbox"/> F-1 <input type="checkbox"/> J-1 <input type="checkbox"/> Other Visa		
	ISSS Advisor: _____ Print name Signature Date		

INTERNSHIP 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: _____
Reg. Office Use Only

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.