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 Career and Internship Center with all required signatures before the end of the registration period for the semester in which you expect to receive credit.

<table>
<thead>
<tr>
<th>AMOUNT OF CREDIT (CIRCLE ONE):</th>
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<tbody>
<tr>
<td>INTERNSHIP 391</td>
</tr>
<tr>
<td>.50 UNIT</td>
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<tr>
<td>INTERNSHIP 392</td>
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<tr>
<td>1.00 UNIT</td>
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<tr>
<td>INTERNSHIP 393</td>
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<td>1.50 UNIT</td>
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<tr>
<td>INTERNSHIP 394</td>
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<tr>
<td>2.00 UNITS</td>
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<tr>
<td>PRACTICUM 398</td>
</tr>
<tr>
<td>.50 UNIT</td>
</tr>
<tr>
<td>PRACTICUM 399</td>
</tr>
<tr>
<td>1.00 UNIT</td>
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</table>

NAME:

STUDENT ID:

DATE:

PHONE:

KC#:

INTERNSHIP 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

STUDENT:

DATE:

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

DEPARTMENT CHAIR:

ACADEMIC ADVISOR:

DIRECTOR OF CAREER & INTERNSHIP CENTER:

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 Career and Internship Center.  

Rev 5-20-16