

450 Internship (1-12 credit hours)

A student may enroll for an internship as approved or required by his/her major department by registering for 1-12 hours of credit for appropriate field learning experience. The work experience must be significantly related to the student's major and/or concentration within the major. It requires a minimum of 18 class credits completed in the major; requires a minimum of 40 hours of work experience for each hour of credit: and will have a worksite supervisor/evaluator, as well as the faculty advisor/supervisor. Specific readings, seminar requirements and/or appropriate written assignments may be assigned by the faculty. Departmental guidelines for an internship may be obtained from the chairperson. Graded "S/U." Prerequisite: a minimum of 18 hours in the discipline with departmental approval. Note: student should check with their specific department for exceptions to this policy.



450 INTERNSHIP

Student's Name _____ ID# _____

Campus Box _____ Home Address _____

To be taken: (check one) Fall _____ Spring _____ Summer _____ Year: _____
Street City State Zip

Class Standing: JR SR

Credit hours completed to date in department in which the internship is being done (must be 18 or more) _____

Department: _____ Number of credit hours (1-12) _____

Title of Project: _____

Name of work supervisor: _____ Title: _____

Mailing address of Internship Location: _____

Phone (____) _____

Work schedule and duration: Date work begins _____ Date work ends _____

Hrs. per week _____ Total hours planned _____ (must complete 40hrs per credit)

Attach the following information on separate paper:

STUDENT:

Outline of Project

How will this experience contribute to your career objective?

FACULTY:

Bibliography

Describe how the student's work will be evaluated

NOTE: Before any work is begun, this form must be completed and submitted to the Office of Academic Registration & Records, registration completed and the approved form must be received by the student and sponsoring faculty.

IT IS THE STUDENT'S RESPONSIBILITY TO GET ALL APPROPRIATE SIGNATURES.

Student Signature: _____

Signature of sponsoring faculty member _____ Date: _____

Signature of Department Chair: _____ Date: _____

Approval of Registrar's Office: _____ Date: _____

Original to Registrar Faculty Sponsor Copy _____ Student Copy _____

Revised September 2017