

## **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