

INTERNSHIP APPLICATION FORM

Please complete this form, obtain the necessary signatures, and return it to The Brickley Center on or before each semester's "add" deadline, which is determined by the Registrar's office.

Student Information

Today's Date: _____

Name: _____

Address (during internship): _____

City: _____ State: _____ Zip: _____

Phone: _____ Campus Phone: _____ Campus Box #: _____

Email: _____ Major: _____ Minor: _____

Date of Graduation: _____ Academic Advisor: _____ GPA: _____

Home Address: _____

Internship Site Information

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Site Supervisor: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Website: _____ (Print Clearly. We must have a valid email address)

Your Position Title: _____

How much will you be paid per hour? _____ Hours/Week: _____

Start date: _____ End Date: _____ Total Weeks: _____

Credit Registration Information

I am applying for (Check One): [] Fall 20____ [] Spring 20____ [] May-Term 20____ [] Summer 20____

*Internship Faculty Supervisor (Print Name): _____

Type of Credit: *Non-credit____ *Graded Academic Credit____ *Pass/Fail Academic Credit____

Course Name and Number (Example: FN 488): _____

Requested # of Credits for each semester (1 Credit = 35 Contact Hours):

Fall:____ Spring:____ May:____ Summer:____

Approved by the _____ Department

***A Working Portfolio and Professional Journal are required. In addition, each department may assess the student's internship and add additional requirements.**

****There is an internship fee attached to each internship, which depends on the total # of credits.**

Internship Project Proposal (To be completed by the student and faculty supervisor)

Internship Proposal (General Description of Internship):

List 2 Academic Goals / Learning Objectives (Things you hope to achieve or learn):

Description of Responsibilities (Specific duties and activities you'll perform):

Portfolio / Projects Assignments (What you'll include as part of the graded portfolio):

Approval

Name of Student (Please Print): _____

Signature of Student: _____ Date: _____

Name of Internship Faculty Supervisor (Please Print): _____

Signature of Internship Faculty Supervisor: _____ Date: _____

Name of Internship Site Supervisor (Please Print): _____

Signature of Internship Faculty Supervisor: _____ Date: _____

Signature of Brickley's Career Services: _____ Date: _____

**** You must turn in all the required paperwork to the Brickley Center, BEFORE the application is approved and sent to the Registrar's office, on or before the "add" deadline. Paperwork includes: application, resume, and risk form (if internship is off campus)**