University of Indianapolis Internship Application

Procedure for correct processing:

1. All of the following information must be filled in before the class will be applied to the student's record.
2. All appropriate signatures must be obtained before approval is given.
3. This form must be completed and returned to the Registrar's Office prior to the beginning of <u>each</u> semester in which the student is to be registered in an internship.

Date:_____

Student's Name:_____ Student ID:_____

Major:_____ Minor_____

Current Status (check one): ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Projected Graduation Date (month/year):_____ Current Overall GPA:_____

Proposed Internship Site:_____

Name and Phone Number of Site Supervisor:_____

Department Arranging Internship:_____

Name and Phone Number of Faculty Supervisor:_____

Start Date of Internship:_____ End Date of Internship:_____

Number of Credit Hours to be Received:_____

Type of Internship (check one): ☐ Required ☐ Elective

This application must be accompanied by a typewritten proposal which must include the following information:

1. Statement of learning objectives.
2. Procedure for the internship, including:
   - A. Projected timetable
   - B. Detailed list of activities to be explored on the site
3. Process to be followed, including:
   - A. Number of required site hours
   - B. Frequency and duration of meetings with faculty and site supervisors.

<u>All signatures must be obtained before student will be registered for Internships</u>

X_____
Faculty Supervisor Date

X_____
Dean or Department Chair Date

Print Clear Form

Revised 3/08