

## **Internship/Field Experience Application**

Deadlines: Fall (July 1), Spring (Nov 1), Summer (variable). Signed form must be received at least 45 days prior to start of the experience. No credits will be granted retroactively.

| Section A – Demographic and Education Information - To be com | pleted by Student |
|---|-------------------|

| Last Na | ame            |  | First Name                  |
|---------|----------------|--|-----------------------------|
| Bannei  | r ID           |  | IUP Email Address           |
| Mobile  | e Phone Number |  | Major                       |
| Acader  | mic Advisor    |  | Undergraduate or Graduate   |
| GPA     |                | Credit hours completed prior to internship | Anticipated Graduation Date |

 ${\bf Section} \; {\bf B-Internship} \; {\bf Information-To} \; {\bf be} \; {\bf completed} \; {\bf by} \; {\bf Student}$ 

|   | . ,                                 |  |  |
|---|-------------------------------------|--|--|
| Dates of Internship (exact start and                        | exact end date as per offer letter) |  |  |
| Minimum required hours for internship (40 hours = 1 credit) |                                     | Weekly hours   |  |
| Credit hours requested                                      |                                     | If this brings you over 17 credits for the semester, you ne submit an excess credit form |  |
| Internship Company/Organization                             |                                     | Paid/Non-Paid Internship   |  |
| Specific Department within Compar                           | ny                                  |  |  |
| Address - City/State/Zip                                    |                                     |  |  |
| On-site Supervisor Name                                     |                                     |  |  |
| On-site Supervisor Phone                                    |                                     | On-site Supervisor Email   |  |

## Please note:

- Include job description of the internship duties and the offer letter (on official company letterhead or from an official company email with start and end dates) with this application
- IUP does not provide liability coverage for students while on internship

## Section C – Course Information – To be completed by Internship Coordinator or Department Chair

| Term, Year | Course & Number   |  | Section |  |
|------------|---|--|---------|--|
| CRN        | Current Agreement in Place? Check https://iwiki.iup.edu/display/IAFE: |  |         |  |

**Section D – Approval and Commitment** 

| Student Signature and Date                               |  |
|--|--|
| Chairperson OR Internship Coordinator Signature and Date |  |
| Faculty Internship Supervisor and Date                   |  |

## Complete application with attachments must be emailed to Eberly Assistant Dean

Section E - Dean's Office Approval

| Site agreement active?            |  |
|-----------------------------------|--|
| Assistant Dean Signature and Date |  |

**Section F - Post-Approval** 

| Title IX Qualtrics completed? |  | Site Safety form completed? |  |
|-------------------------------|--|-----------------------------|--|