

SUMMER 2020 HHS Internship/Field Experience Application

Completed applications are due in 216 Zink Hall by MARCH 15 (Early Session),
by APRIL 15 (for Summer Session I), or by MAY 15 (for Summer Session II)

Date received in
Dean's Office

Part I -- TO BE COMPLETED BY STUDENT: Student Demographic Information

Name _____ Banner ID @ _____
Phone (cell) _____ Email Address _____@iup.edu Major _____
Completed Credits _____ Credits in Progress Spring _____ Major GPA _____ Overall GPA _____

Part II -- TO BE COMPLETED BY STUDENT: Course Information (Attach objectives, responsibilities, and/or final requirements)

CRN _____ Course Prefix _____ Number _____ Section _____ Credits _____
Minimum required hours at the internship site: _____ credits x 40 hours per credit = _____ hours
My internship will begin (date) _____ and end (date) _____.

Internship Site/Company _____

Address/City/State _____

On-site Supervisor's Name _____ Title _____

Email Address _____ Phone _____

If IUP does not have a current field experience agreement with the site, who at the site *has legal authority* to sign on behalf of the Internship Site?

Name _____ Title _____

Email Address _____ Phone _____

Part III -- TO BE COMPLETED BY IUP INTERNSHIP SUPERVISOR (Review the affiliation agreement or verify with the site to identify requirements and communicate to student; insurance/checks must be obtained by student at student's expense. Initial ONE of the options.)

____ Liability insurance and background checks are not required.

____ Liability insurance/background checks are in progress; registration will be denied until supervisor confirms clearances.

____ Liability insurance and background checks are completed and cleared in Castlebranch.

____ Other: EXPLAIN:

Note to student: Hits on background checks and/or drug screens will be disclosed to the internship site which could result in rescinding the internship offer.

Signatures (The student's signature indicates that s/he has read and understands the requirements.)

Student _____ Date _____

IUP Faculty Supervisor _____ Date _____

Department Chairperson _____ Date _____

After the above verifications and approvals are obtained, forward the completed application to the HHS Dean's Office, 216 Zink Hall, prior to the deadline date, for final approval. Students will be notified by the department when they are eligible to register for the course.

Site Agreement: Effective _____ Expires _____ (verification by Dean's Office)

College Dean Approval _____ Date _____