College of Humanities and Social Sciences
Internship Approval Form

Special Instructions: **Students, together with faculty members supervising internships or co-ops, MUST initiate this application and have it processed through the approvals outlined in Section III below, as early as possible.**

DEADLINES:

FALL – 1st Monday in July   SPRING – 2nd Monday in November   SUMMER – 2nd Monday in April

I. Educational Data: (To be Completed by Student) **PLEASE TYPE**

Name: _____   Banner ID: @ _____
                  Last Name   First Name   M.I.

Home
Address _____   University
                                                                                              Address _____
                                          Street   Street

_____   _____
              City   State   Zip   City   State   Zip

Home   University   E-Mail
Phone: _____   Phone: _____   Address: _____

Check One: _____ ___ Graduate _____ Undergraduate   Major: _____ Minor_____

Overall   Major   Total
QPA:_____   QPA: _____   Earned Hrs: _____   Anticipated Graduation Date: _____

Advisor: _____   Department: _____

II Internship Data: (To be completed by student and faculty advisor) **Check Type of Experience**

_____ Internship   _____ L.O.R.L.*   _____ Student Teaching*   _____ T.H.I.S.*   _____ The Washington Center*

_____ Capital Semester*   _____ White House*   _____ Co-op

* Indicates additional form needs to be completed – consult with advisor.

Semester & Year of Internship _____ _____	**Total Credits Scheduled for Semester** (including internship)

Credits _____ Dept. _____ Course No. _____ Section _____ Course Title _____

Credits _____ Dept. _____ Course No. _____ Section _____ Course Title _____

Company / Agency _____   Starts: _____/_____/_____
                                                                                                              Month   Day   Year

Department _____   Starts: _____/_____/_____
                                                                                                              Month   Day   Year

                                                                                              No. of   Hrs. Per
Address _____   Weeks _____   Week _____

                                                                                              Daily
_____   From _____   To _____

On-Site Supervisor's Name _____   Paid _____   Nonpaid _____
                                          Please Print

Student Address   Student's Phone
During Experience _____   During Experience (_____) _____

III. Internship / Co-op Approval (The following **signatures MUST** be obtained in sequence)
Please Read: A typed one to three page description of the internship job / co-op duties to be undertaken must be attached before submitting this form for approval. This form will not register you for your internship. You MUST meet with your department Supervisor to receive instructions on how to register. IUP does NOT provide liability coverage for students. The student's signature indicates they have read and understand that IUP does not provide liability coverage for students.

_____   Date _____
              Student's Signature

_____   Office
          Print or Type Faculty Supervisor Name   Phone: _____

_____   Date _____
          Department Coordinator Signature

_____   Date _____
                        Chairperson

_____   Date _____
                      College Dean