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 Friday in August

SPRING -- 2nd Monday in November

SUMMER -- 2nd Monday in April

Student Requirements: An undergraduate student must have earned at least 57 credits, have a minimum GPA of 2.0 and meet departmental internship requirements. A graduate student must have earned at least 12 graduate credits, have a minimum of 3.0 GPA and meet departmental internship guidelines. (See the Undergraduate or Graduate catalog for details.)

Educational Data	: (To be Complete	ed by Student)	PLEASE TYPE						
lame:						Banner ID:	@		
	Last Name	Firs	t Name	M.I.		University			
lome Address:	Street					Address:		Stree	<u> </u>
		3.						Cuco	•
Home Phone:	City	Ś	State University Phone:	Zip		City E-Mail Address:	State		Zip
Check One:	Gradu	ıate	Undergraduate	Major:			Minor:		
Overall QPA:		Major QPA:	Total Earned Hrs:	Anti	cipated Gr	aduation Date:			
Advisor:				Department:					
I. Internship Data:			faculty advisor) CI						
	Internship						T.H.I.S.*		Γhe Washington Center *
	Capital Semester*		White House*		Со-ор				
Indicates additional form	· ·	- consult with adviso	or						
Semester & Year of In	ternship				Total Cre	dits Schedule	d for Semest	∍r (includi	ng Internship)
Internship # of Credits		Dept.	Course No.	Section		Course Title			
Other Courses	_								
# of Credits		Dept.							
-		Dept.	_						
-		Jept	Course No	Section		Course Title			
Company/Agency					Starts:		/		
Department					Ends:	Month /	Day /		Year
oepartinent					Liius.	Month	Day		Year
Address					No. ot Weeks		Hrs. Per Week		
_					Daily				
					From		To _		
On-Site Supervisor's I	Name				Paid		Nonpaid_		
Student Address			Please Print		Student's	Phone			
Ouring Experience					During E	kperience _	()		
					Internshi	p Site Phone:	()		
Please Read: A typed This form will <u>not</u> regi	l one to three page of ister you for your int	description of the ternship. You M	s MUST be obtained in internship job/co-op UST meet with your do nature indicates they he	duties to be und epartment Super	visor to re	eceive instruct	ions on how	to registe	
novide nability covers	age for students. Th	ie student s sign	lature mulcates they i	iave reau and un	uersianu	inat for does	not provide i	ability CO	verage for students.
	St	udent's Signature				Date_			
						Office Phone:			
	Print or Type	e Faculty Superviso	r Name		•				
						Date			
	Departme	ent Coordinator Sign	ature						
		Chairperson			•	Date			
		Shaii persuli				Date			