

## IUP Biology Department Internship Application

Students, together with faculty members supervising internships, are requested to initiate this application and have it processed through the approvals outlined in Section III below as early as possible.

### I. Educational Data (to be completed by student) **Please print or type**

Name \_\_\_\_\_ Banner ID @ \_\_\_\_\_  
Last First M.I.  
 Home Address \_\_\_\_\_ University Address \_\_\_\_\_  
Street Street  
 \_\_\_\_\_  
City State Zip City State Zip  
 Home Ph. \_\_\_\_\_ University Ph. \_\_\_\_\_ Check One: Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_  
 Major \_\_\_\_\_ Minor \_\_\_\_\_ GPA \_\_\_\_\_ Credit Hours Completed Before Internship \_\_\_\_\_  
 Advisor \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

### II. Internship Data (to be completed by student and faculty advisor)

Semester \_\_\_\_\_ Year \_\_\_\_\_ Scheduled Credits Including Experience \_\_\_\_\_

CRN \_\_\_\_\_ Dept. \_\_\_\_\_ Course No. \_\_\_\_\_ Section \_\_\_\_\_ Course Title \_\_\_\_\_ Credits \_\_\_\_\_

Company/Agency \_\_\_\_\_ Start Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year  
 Department \_\_\_\_\_ End Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year  
 Company Address \_\_\_\_\_ No. of Weeks \_\_\_\_\_ Hours/Week \_\_\_\_\_  
Street  
 \_\_\_\_\_ Daily from (hours) \_\_\_\_\_ to \_\_\_\_\_  
City State Zip  
 On-Site Supervisor Name \_\_\_\_\_ Check One: Paid \_\_\_\_\_ Nonpaid \_\_\_\_\_  
 On-Site Supervisor Phone \_\_\_\_\_  
 Address During Internship \_\_\_\_\_ Student's Phone During Internship \_\_\_\_\_  
Street  
 \_\_\_\_\_ Student's Email \_\_\_\_\_  
City State Zip

### III. Internship Approval (the following signatures must be obtained in sequence)

**Please Read:**

A typed, one to three-page description of the internship/co-op job duties or education experience to be undertaken must be attached before submitting this form for approval.\* This form will not register you for your internship. You MUST use URSA for proper registration. IUP does not provide liability coverage for students. I have read and understand the above statement.

**\* Official job, work, fellowship... descriptions are acceptable. If the description is written by the intern, the site supervisor must sign-off.**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print/Type Faculty Advisor \_\_\_\_\_ Phone \_\_\_\_\_  
 Department Internship Coordinator \_\_\_\_\_ Date \_\_\_\_\_  
 Chairperson \_\_\_\_\_ Date \_\_\_\_\_