

HHS Internship Application – PARTS I and II (of III)

Part I: Student Demographic Information (to be completed by student)

Name _____	Banner ID @ _____
Home address _____	Phone _____
_____	Cell phone _____
Email Address _____	
Address during internship experience _____	
_____	Phone during internship _____
Major _____	Major GPA _____ Overall GPA _____
Minor _____	Credits Completed _____ Anticipated Graduation Date _____
Faculty Advisor _____	

Part II: Internship Information (to be completed by student and faculty advisor). Attach a one-to-three page description of the internship job duties to be undertaken.

Semester _____	CRN _____	Course Prefix _____	Number _____	Section _____	Credits _____
Internship Site/Company _____					
Department/Agency _____					
Address _____			Phone _____		
_____			_____		
On –site Supervisor’s Name _____			Title _____		
Email Address _____			Phone _____		
Individual who will sign the Internship Agreement on behalf of the Internship Site/Company					
_____			Title _____		
Email Address _____			Phone _____		
IUP Faculty Internship Supervisor _____					
Start Date ____/____/____	End Date ____/____/____	Number of Weeks _____	Hours per Week _____		
Total Hours for Experience _____		Check one: Paid _____ OR Unpaid _____			

Preliminary Approval (Signature/Date) _____

Note: After preliminary approval is granted by the departmental chairperson, fax or deliver a copy of page 1 of this application to the HHS Dean’s Office (216 Zink Hall, 724-357-6205) to begin the process of securing an internship agreement with the site.

HHS Internship Application – PART III

Student Name _____ Banner ID @ _____

Part III: University Internship Requirements (to be completed by student and verified by the Departmental Office and/or HHS Dean's Office)

IUP does not provide liability coverage for students. All students must procure liability insurance at their own expense. The policy must remain in full force and effect for the duration of the internship experience.

Student purchased liability insurance through:

Company Name _____

Dates of Insurance Coverage _____

Insurance certificate received/copied _____ (verification by departmental staff)

Student background checks (complete only if the site requires IUP to verify documents):

_____ (verification by departmental staff)

_____ (verification by departmental staff)

_____ (verification by departmental staff)

_____ (verification by departmental staff)

I have read and understand the internship requirements for my department.

Student Signature _____ Date _____

Approvals:

Internship Faculty Supervisor _____ Date _____

Department Chairperson _____ Date _____

Note: After the above verifications and approvals are obtained, forward the completed application to the HHS Dean's Office for final approval. Students will not be able to register for or begin an internship experience until final approval is granted by the Dean's Office. Students will be notified when they are eligible to register for the internship.

Internship Agreement Finalized

Effective date _____ Expires _____ (verification by Dean's Office)

College Dean Approval _____ Date _____



College of Health and Human Services
216 Zink Hall
1190 Maple Street
Indiana, PA 15705-1095

Dean's Office Use Only:

____ Registration Approval Updated on Banner
____ Student/Dept Notified to Register