

**College of Humanities and Social Sciences
Internship Application**

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 WINTER* and/or SPRING -- 2nd Monday in November SUMMER -- 2nd Monday in April
*additional criteria required for Winter

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.)

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

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

Home Address: _____ University Address: _____
Street Street

City State Zip City State Zip

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

Check One: Graduate Undergraduate Major: _____ Minor: _____

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

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) _____
Internship Site: IUP _____ Other _____	
Internship # of credits _____	Dept. _____ Course No. _____ Section _____

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

Department _____ Ends: _____ / _____ / _____
Month Day Year

Address _____

No. of Weeks _____ Hrs. Per Week _____

On-Site Supervisor's Name _____ Daily From _____ To _____
Please Print

On-Site Supervisor's Email Address _____ Paid _____ Nonpaid _____

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

Internship Site Phone: () _____ Internship Site Fax: () _____

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.

_____ Student's Signature Date _____

_____ Print or Type Faculty Supervisor Name Office Phone: _____

_____ Department Coordinator Signature Date _____

_____ Chairperson Date _____

_____ College Dean Date _____