College of Humanities and Social Sciences

APPLICATION FOR INTERNSHIP *

Date ___________ Degree Program/Major ___________________ Semester & Year ______

Student’s Name ____________________________ Student ID # _____________ GPA _____

Address _______________________________________________________________________

Home tel. # __________________ Bus. tel # ___________ Cell #:____________________

Email ________________________________________________________________________

Credits completed: _________ Anticipated date of graduation: ________________

Department & Course # _______________ Section # _______ Course Credits _____

Instructor’s Name ________________________ Department ________________________

TITLE OF INTERNSHIP:

INTERNERSHIP DESCRIPTION: (Please include and attach syllabus)

PLACE OF INTERNSHIP: __________________ ON SITE SUPERVISOR ______________

START DATE: ______________ END DATE ____________

METHOD OF EVALUATION: (To be completed by Instructor. Must include number of meetings with student and other requirements such as papers, exams, journal etc.) Note: Include attachments if necessary.

REQUIRED APPROVALS:

Instructor’s Signature: _________________________ Date: ______________

Executive Director/Chairman’s Signature: _________________ Date: ______________

Student’s Signature: _____________________________ Date: ______________

College Dean’s Signature: _________________________ Date: ______________

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<th>DEPARTMENT</th>
<th>INSTRUCTOR</th>
<th>STUDENT</th>
<th>REGISTRAR</th>
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*Credit will be granted ONLY if this application is approved and processed through the College of Humanities and Social Sciences.

Denied By: _____________ Date: ___________ Reason: ____________________________

REVISED: 3/08/11