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.)

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

Name: _____ Last Name First Name M.I.

Banner ID: @ _____

Home Address: _____ Street

_____ City State Zip

University Address: _____ Street

_____ 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:** _____

Advisor: _____ **Department:** _____

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 # of Credits _____ Dept. _____ Course No. _____ Section _____ Course Title _____

# of Credits _____ Dept. _____ Course No. _____ Section _____ Course Title _____

_____ Dept. _____ Course No. _____ Section _____ Course Title _____

_____ Dept. _____ Course No. _____ Section _____ Course Title _____

Company/Agency _____ **Starts:** ____ / ____ / ____ (Month Day Year)

Department _____ **Ends:** ____ / ____ / ____ (Month Day Year)

Address _____

_____ **No. of Weeks** _____ **Hrs. Per Week** _____

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

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

Student Address During Experience _____ **Student's Phone 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 _____

NOTE: All intern/co-op students are required to complete a **minimum of 40 work hours per 1 academic credit.**

YAA:dmg Rev 5/4/15