University of Indianapolis Internship Application

Procedure for correct processing:

1. All of the following information must be filled in before the class will be applied to the student’s record.
2. All appropriate signatures must be obtained before approval is given.
3. This form must be completed and returned to the Registrar’s Office prior to the beginning of each semester in which the student is to be registered in an internship.

Date: __________________________

Student’s Name: __________________________  Student ID: __________________________

Major: __________________________  Minor: __________________________

Current Status (circle one): Freshman  Sophomore  Junior  Senior

Projected Graduation Date (month/year): __________  Current Overall GPA: __________

Proposed Internship Site: __________________________

Name and Phone Number of Site Supervisor: __________________________

Department Arranging Internship: __________________________

Name and Phone Number of Faculty Supervisor: __________________________

Start Date of Internship: __________  End Date of Internship: __________

Number of Credit Hours to be Received: __________________________

Type of Internship (circle one): Required  Elective

This application must be accompanied by a typewritten proposal which must include the following information:

1. Statement of learning objectives.
2. Procedure for the internship, including:
   A. Projected timetable
   B. Detailed list of activities to be explored on the site
3. Process to be followed, including:
   A. Number of required site hours
   B. Frequency and duration of meetings with faculty and site supervisors.

All signatures must be obtained before student will be registered for Internships

X__________________________  Faculty Supervisor  Date

X__________________________  Dean or Department Chair  Date

Revised 3/08