

Engleman Hall A112 501 Crescent Street New Haven, CT 06515-1355 voice: (203) 392-5468

fax: (203) 392-5468

Internship Application Form

INSTRUCTIONS: This document is to be filled out online by the faculty advisor/coordinator together with the student. <u>Hand-written forms will not be accepted</u>. Simply fill in the appropriate information wherever there is a red box. Please download the forms completely and **open in Adobe Reader or Acrobat** before filling them out, and save as a .pdf. A hard copy of this complete application must be submitted to the Dean for approval.

Department	&	Cred	lits
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1				
Choose Internal Internship External Agency In	ternship			
Course:		Credit(s):	Contact Hours:	
University Po	licy requires 45 (contact hours	s for every 1 credit	
Semester/Session that you are requesting your internship study				
Semester/Session:	Semester Year:			
Student Information				
Full Name:	Student ID:			
SCSU username:	Phone:			
Student Status:				
SCSU Faculty Supervisor Information				
Full Name:	Department:			
SCSU username:	Phone:			
External Agency I - Headquarters Location Information				
Name of Agency:				
Street Address:				
City:	State:	Zip:		



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External Agency II - Working Locat Street Address:		
City:	State:	Zip:
External Agency III - Working Loca	tion Supervisor Inform	ation
Location Supervisor Name:		
Location Supervisor Position:		
email:	phone:	
External Agency IV - Information fo	r Direct Supervisor of S	Student (if different than location)
Direct Supervisor Name:		
Direct Supervisor Position:		
email:	phone:	
Description of Duties (Including how contact	ct hours will be met. 300 word lim	nit)



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INSTRUCTIONS: <u>Signatures must be in pen ink, or completed digitally</u>. If you choose to sign digitally, it must be certified through your SCSU account *(with the exception of external agencies)*. If you do not have a digital ID, please refer to the <u>How To Set Up a New Digital ID/Signature</u> document and follow the instructions Adobe provides.

Signatures

This Agreement is accepted by the following:				
Student:	Date:	Optional Digital Signature		
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SCSU Supervisor:	Date:	Optional Digital Signature		
		Optional Digital Signature		
External Agency Supervisor:	Date:			
Program		Optional Digital Signature		
Director:	Date:			
Dept.		Optional Digital Signature		
Chairperson:	Date:			
Dean of Arts		Optional Digital Signature		
& Sciences:	Date:			

<u>NOTE</u>: It is the responsibility of the student, faculty supervisor, and department chairperson to make a file copy of this proposal for their records. If the Dean (or designee) cannot approve the proposal as submitted, the proposal will be returned to the coordinator/advisor.