



Internship Application Form

INSTRUCTIONS: This document is to be filled out online by the faculty advisor/coordinator together with the student. **Hand-written forms will not be accepted.** 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 & Credits

Choose	Internal Internship	External Agency Internship
Course:	Credit(s):	Contact Hours:

University Policy requires 45 contact hours for every 1 credit

Semester/Session that you are requesting your internship study

Semester/Session:	Semester Year:
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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 Location Information *(if different from headquarters)*

Street Address:		
City:	State:	Zip:

External Agency III - Working Location Supervisor Information

Location Supervisor Name:	
Location Supervisor Position:	
email:	phone:

External Agency IV - Information for Direct Supervisor of Student *(if different than location)*

Direct Supervisor Name:	
Direct Supervisor Position:	
email:	phone:

Description of Duties *(Including how contact hours will be met. 300 word limit)*

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INSTRUCTIONS: **Signatures must be in pen ink, or completed digitally.** 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 **How To Set Up a New Digital ID/Signature** document and follow the instructions Adobe provides.

Signatures

This Agreement is accepted by the following:

Optional Digital Signature

Student: _____ Date: _____

Optional Digital Signature

SCSU
Supervisor: _____ Date: _____

Optional Digital Signature

External Agency
Supervisor: _____ Date: _____

Optional Digital Signature

Program
Director: _____ Date: _____
Sign only if Applicable

Optional Digital Signature

Dept.
Chairperson: _____ Date: _____

Optional Digital Signature

Dean of Arts
& Sciences: _____ Date: _____

NOTE: 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.