



Internship Application Form

INSTRUCTIONS: This document is to be filled out by the faculty supervisor/program director together with the student. Please download the forms completely and **open in Adobe Reader or Acrobat** before filling in the appropriate information wherever there is a red box. Please save as a .pdf. This complete application must be submitted as an attachment to cas@southernct.edu for Dean approval. **Handwritten forms will not be accepted.**

Completed forms are due by the first official day of classes.

Department & Credits

Choose	Internal Internship	External Agency Internship
Course:	Credit(s):	Contact Hours:
<small>subject code number name</small>		

University Policy requires 45 contact hours 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:

Internship Application Form

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)*

--

Internship Application Form

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:

Student: _____ *	Date: _____	<i>Optional Digital Signature</i>
SCSU Supervisor: _____	Date: _____	<i>Optional Digital Signature</i>
External Agency Supervisor: _____	Date: _____	<i>Optional Digital Signature</i>
Program Director: _____	Date: _____	<i>Optional Digital Signature</i>
	<i>Sign only if Applicable</i>	
Dept. Chairperson: _____	Date: _____	<i>Optional Digital Signature</i>
Dean of Arts & Sciences: _____	Date: _____	<i>Optional Digital Signature</i>

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.

*** Student's signature indicates the student's agreement to adhere to all state and CDC guidelines concerning COVID-19 for the duration of an on-site internship.**