

Name: _____ Semester: _____ Year: _____
 Student ID: _____ Phone Number: _____ e-mail: _____
 Student Box Number or Off-Campus Address: _____

How many internships and directed studies have you applied to your graduation requirements prior to this request? _____ (A total of 16 credits may be applied to the undergraduate degree.)

INTERNSHIP PROPOSAL

Please fill out this petition completely.

To the student: Please fill out **Parts A and B**, obtain approval signatures, have faculty complete the learning objectives on the second page, and return to Rachel Goodman at least two weeks before the proposed Internship is to begin. Do not begin your Internship until it has been approved by the Academic Standards Committee and you have received final notification.

1. Obtain the signatures requested.

◆Part A: To be filled out by the student. (If you are an International Student, please meet with the International Student Advisor (Nancy Watkins) and obtain signature in part B below)

2. Have your faculty advisor fill out page 2.

Desired dates of Internship:
 Fall Spring Summer _____ Beginning: _____/_____/_____ Ending: _____/_____
YEAR BLOCK/WEEK BLOCK/WEEK

3. Return completed forms to Rachel Goodman at the Success Center, Dreier Building.

1. Faculty Advisor: _____ Dept. _____

2. Name and URL of Internship Provider: _____

Internship location: _____

On-Site Supervisor: _____ Phone: _____ e-mail: _____

3. Description of proposed internship (*feel free to include additional pages to support this point*):

4. Describe your daily schedule and how often you will meet with your Faculty Advisor:

5. If living *off campus*, please describe your living arrangements while on the internship: _____

6. If this is a summer internship, and you are living on-campus, please pay for room and board through MUM

Housing Office: Housing Signature _____ Date _____

◆Part B: To be filled out by the Faculty Advisor (Please fill out second page with learning objectives).

1. Internship Title: _____

2. Do you know/recommend the On-Site Supervisor? _____

3. Having considered the benefits of this Internship in the light of my own commitments and the student's degree program, I agree to guide this Internship.

◆Faculty Advisor's Signature: _____ Date: _____

◆Department Head's Signature: _____ Date: _____

◆International Student Advisor's Signature: _____ Date: _____

◆Part C: Internship Coordinator: Signature: _____ Date: _____

Approved Not Approved

◆Part D: Academic Standards Committee Response: Signature: _____ Date: _____

Approved Not Approved

*Original to Student File.
Copy to Internship Coordinator.
Email notification to Student.*

◆Part E: To be filled out by the Registrar

Catalog no.: _____ Instructor: _____ Units: _____

Dates: Fall Spring Summer Beginning Date: _____ Ending Date: _____

INTERNSHIP PROPOSAL PART 2

Learning Objectives

To the Faculty Advisor: Please complete this page with your student.

1. What are the learning/training objectives of this internship?

2. In what ways will you evaluate the student's progress to meet these objectives? (e.g. deliverables from the student, discussions during the internship, the feedback form from the on-site supervisor, etc.)

3. How will SCI be incorporated in the internship?

4. What expertise will the on-site supervisor provide to the student?

5. Have you spoken directly with the on-site supervisor to facilitate design of the internship?

Yes No

*Original to
Student File.
Copy to
Internship
Coordinator.
Email
notification to
Student.*

Faculty Signature: _____

Date: _____