

GRADUATE INTERNSHIP PROPOSAL FORM

STUDENT INFORMATION – completed by student

This internship proposal is presented for _____ Credits desired by student: _____
Fall Spring Summer 1 Summer 2

Name: _____ Email: _____

Address: _____
Street City State Zip Code

Phone: _____ Major: _____

Your Faculty Mentor's Name: _____

On occasion, the Internship Program is approached by the media or IUPUI administrative offices for interviews with current or past interns. Would you welcome these requests? Yes No. (By checking "yes" you are giving SPEA permission to share your contact information with individuals from the IUPUI campus and media.)

SPEA may contact my employer to assess my progress. This information may be discussed with my academic department:

_____, University ID number: _____
Student signature

INTERNSHIP SITE – completed by employer

Company/Agency Name: _____

Address: _____
Street City State Zip Code

Web Site: _____ Public/Private/Non-Profit: _____

Intern Supervisor: _____ Title: _____

Phone/Fax: _____ Email: _____

How often will the intern meet with the supervisor to discuss their progress? _____

Intern's Title: _____ Hours per week: _____ Salary: _____

Starting Date: _____ Completion Date: _____

This student: _____ is new to this job/agency.

OR _____ is currently employed at this job/agency. How long? _____

_____ has been previously employed at this job/agency. How long? _____

Note: If you checked one of the last two statements, the student must complete duties that are above and beyond their current or previous duties. This is particularly important for students seeking academic credit for their internships. Academic credit may not be awarded for duties that are the same as duties currently or previously completed. Please refer any questions regarding this academic policy to the PPP Coordinator.

Describe in detail all work tasks and responsibilities: (attach additional documents if necessary)

Employer's Name/Title: _____ Employer's Signature: _____
Please print

FACULTY APPROVAL – completed by faculty

The proposed internship on the reverse side of this form has been presented for your approval. Included with this form, you will find the student's transcript. Should you have questions regarding the proposed internship duties, please contact the student or employer directly. Once you have made your decision regarding the internship, please complete this section of the form:

Faculty Name: _____ Telephone: _____
Please print

Proposed Internship: _____ Approved _____ Not Approved

Course/Section number for this internship: _____ Credits to be earned: _____

Students are expected to complete the following forms of documentation. Each of these forms must be submitted to the faculty advisor.

_____ Weekly journal of activities/hours of work _____ Student Evaluation _____ Employer Evaluation _____ Final Paper

_____ Other _____
Please specify

Due date for these assignments: _____

Additional comments:

Faculty Signature: _____ Date: _____

Faculty: Please return the completed form to Debbie Koliba, BS – 4077. You may make a copy of this form and keep the materials attached to it for your records.

For Graduate Student Services use only:

Reviewed by Graduate Student Services: _____

Ready to be filed: _____