

## 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 Advisor'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)

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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 SPEA Student Services. You may make a copy of this form and keep the materials attached to it for your records.

**For Student Services use only:**

Review by Student Services: \_\_\_\_\_

Ready to be filed: \_\_\_\_\_