

**SLIPPERY ROCK UNIVERSITY
 INTERNSHIP REGISTRATION FORM**

All undergraduate and graduate students (with the exception of Counseling and Educational Psychology) must have this form completed and approved before they will be registered for an internship. Students wishing to register for Field Experiences, Practicums, Student Teaching, etc... should not use this form.

Expected graduation _____ Cumulative GPA _____ Major GPA _____ Class Level _____

Phone, email and address during internship: _____
 Phone _____ Email _____

 Street City State Zip

Agency: _____
 Agency name _____

 Street City State Zip

Student's work number at agency: _____

On-site supervisor: _____
 Name Title _____
 Phone Email _____

Approximate daily hours of internship _____ Total hours of internship _____ # Credits to be earned
 (Min 40 hours work for each credit earned)

List expected internship activities:

Period of internship: _____
 Term Year Actual start date MM/DD/YY Actual end date MM/DD/YY

Department _____ Course _____ Section _____ CRN _____

STUDENT: I CERTIFY I HAVE READ AND WILL COMPLY WITH THE INTERNSHIP GUIDELINES OF MY DEPARTMENT AND UNDERSTAND THAT INTERNSHIP CREDITS WILL BE BILLED IN ACCORDANCE WITH THE CURRENT TUITION AND FEE RATE SCHEDULE.

Student's signature _____ Date _____ **Approved Disapproved**

Academic Advisor _____ Date _____

Internship Professor _____ Date _____

Department Chair or Program Director _____ Date _____

Will this require paying the professor an overload? Yes No If yes, now much? _____

College Dean _____ Date _____

Is this a paid internship? Yes No