

**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 _____

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)

Please list expected internship activities in the space provided on the reverse side of this page.

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

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 _____

To be completed by Internship Professor:

Is this a paid internship? Yes No

For non-paid off-campus internships: Date of expiration for affiliation or internship agreement _____

For paid off-campus internships: Date of completed Paid Internships form _____

For on-campus internships (paid or non-paid): Date of letter confirming the internship agreement _____

Information regarding agreement forms may be found here: <https://www.sru.edu/offices/academic-affairs/field-experience-agreements>

Department _____ Course _____ Section _____ CRN _____

		Approved	Disapproved
Internship Professor _____ Date _____		<input type="checkbox"/>	<input type="checkbox"/>
Academic Adviser _____ Date _____		<input type="checkbox"/>	<input type="checkbox"/>
Department Chair or Program Director _____ Date _____		<input type="checkbox"/>	<input type="checkbox"/>
Will this require paying the professor an overload? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much? _____			
College Dean _____ Date _____		<input type="checkbox"/>	<input type="checkbox"/>

Expected Internship Activities