APPLICATION FOR INTERNSHIP OR PRACTICUM

Note: Students who wish to apply for a student teaching practicum or a practicum for MA educational licensure should not use this form. Instead, contact the College of Education and Allied Studies at (508) 531-1347, Hart Hall, Room 124.

INSTRUCTIONS / TO BE COMPLETED BY THE STUDENT
1. Complete A and B on this application.
2. Obtain all of the appropriate signatures as indicated on the back of this form.
3. Make one copy and forward to the Internship Office – RCC 204.
4. File the completed original form with the Registrar’s Office by the last day of add/drop.

Requirements:
Internship/Practica
Applicants for internships must be a junior or senior and have a minimum cumulative GPA of a 2.5. (GPA requirements may be higher in some academic departments) Applicants for practica must consult with their department for practica requirements.

Three to fifteen credits, unless otherwise noted in the university catalog, may be earned and applied towards graduation requirements. The number of credits applied towards the major is determined by each department.

A minimum of 45 clock hours in the field is required for each credit hour granted in an internship or practicum.

Internships and practica are open to degree-seeking students ONLY.

Part A
Name: ___________________________________________ Major(s): ______________________________#

Banner ID: ________ Minor: ______________________________#

Phone: (______)__________-____________

Class: __________________________________ Email: ______________________________#

Semester (Check one): Year____________

[ ] Fall [ ] Spring [ ] Summer I [ ] Summer II [ ] Summer 10 Week

[ ] Full Year (Sept-May) [ ] Odd Date (specify start and end dates)___________________

Please note that for full-year or odd-date courses, the semester in which you register will directly affect your enrollment status and tuition charges for that one semester ONLY. Financial aid may not apply to summer internships/practica.

Application for (Check one): [ ] Undergraduate [ ] Graduate

Internship/Practicum in (specify department)___________________________Course No._________

Total Credit Hours_____ Full Course Title:________________________________________

**See current catalogue section “Academic Programs” for guidelines on Internships and Practica

**Registration Deadline: last day of drop/add period (semester courses).
PART B
DESCRIPTION OF PROJECT PROPOSAL:

Description of responsibilities/project(s) onsite:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Site Placement Contact Information:

Name of Organization: ____________________________________________________________
Address: _______________________________________________________________________
City/State/Zip: __________________________________________________________________
Name of Site Supervisor: __________________________ Email: ___________________________
Telephone number ( ) __________________ Fax ( ) ________________________________
Hours per week ___ No. of weeks ___ Total hours ___ Start Date ___ End Date _________

Academic Goals:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Evaluation Method:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Signature of Student __________________________ Date _____________________________

PART C – To be completed by the Supervising Department
Approval has been granted for the student to register for the course and credit described above.
Advisor __________________________ Date __________________________
Student has met the GPA requirement for this course
Faculty Supervisor __________________________ Date __________________________
(Print Full Name)
Faculty Supervisor __________________________ (Signature)
Dept. Chair __________________________ Date __________________________
(Signature)

Regular Load______ Overload_______

Revised January 2012