

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 Career Services/ Internship Office.
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 _____