

TIFFIN
UNIVERSITY
Inspiring Professional Excellence

APPLICATION FOR INTERNSHIP

_____ is requesting permission to enroll for an internship
(Student Name)
experience in the area of _____ for the _____ semester.
(major) (year and season)
Course Number _____ Date _____

PERSONAL INFORMATION

Student's Name _____
(Please Print) First M.I. Last
Social Security# _____ - _____ - _____ E-Mail (most used) _____
Local Address _____
Address (Please include Apt., PO Box & room #) City State Zip
Local Day Phone # (____) _____ - _____ Local Evening Phone # (____) _____ - _____
Permanent Address _____
Address (Please include Apt., POBox & Room#) City State Zip
Permanent Day Phone # (____) _____ - _____ Permanent Eve. Phone # (____) _____ - _____

I have read the college policy on internships and agree to abide by the rules and regulations of the institution and the academic department sponsoring the internship. I also understand that the obtaining and successful completion of the internship is my responsibility.

Student Applicant Date

The Applicant has completed _____ credit hours and meets the 2.50 cumulative point average minimum in the major.

Registrar Date

The Applicant has met with me to begin developing his or her resume and work plan. I have assigned _____ to supervise the internship and make the required work site visits.

(Print Faculty Name)

The student is required to complete _____ hours of fieldwork.

School Dean Date

The Applicant has met with me to discuss student responsibilities and procedures for completing an internship.

Director of Career Development Date

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INTERNSHIP EMPLOYER INFORMATION

Student Name _____ Major _____

Company Name _____ Web Address _____

Supervisor Name _____ Supervisor Title _____

Supervisor's E-Mail Address _____

Address _____

(Include Department, PO Box, & Room #'s) City State Zip Country

Employer Phone # (____) _____ - _____ Employer Fax # (____) _____ - _____

Beginning Date of Internship ____/____/____

Estimated Number of hours per week _____

Anticipated Ending Date of Internship ____/____/____

Type of Experience (*Please Select one*): Full Time Internship Part Time Internship

_____ has consented to participate in the college internship

(**Organization**)

experience for the applicant. On-site supervisor will be _____.

(**Print Name**)

Authorized Representative or
On-Site Supervisor Signature

Tiffin University internship programs require students to apply their learning in a real work setting. Interns are supervised by a faculty member and a site supervisor. The minimum requirements of an internship include a work plan, a resume, a weekly journal of activities, and a final evaluation paper relevant to the intern's field of activity.

Students in the baccalaureate programs must have completed *fifty-five (55)* credit hours prior to the start of the internship and be in good academic standing in the major (2.50 cumulative grade point average) to enroll for an internship. *Additional requirements are determined by departments.*

Internship application must be submitted to the Director of Career Development at least two weeks before the start of the semester in which the student is requesting enrollment.

NOTE TO STUDENTS:

When all signatures have been secured, please forward this form to the Director of Career Development so that the registration can be processed.