



Application for Permission to Register for an Undergraduate Internship

This is the official application form for requesting authorization to register* for an Edinboro University of Pennsylvania approved internship. No other application form for internship is valid. **REGISTRATION MUST BE COMPLETED PRIOR TO THE PROJECTED BEGINNING DATE OF THE INTERNSHIP.** Student will be billed for internship credits and will be responsible for payment upon receipt of student bill.

A typed one to three-page description of the professional experiences and educational outcomes (daily logs, major paper or project, portfolio, detailed oral report, etc.) that the applicant is to undertake must be attached before submitting this form for approval.

Are you planning to graduate after completion of this internship? Yes* No

*If you answered yes, then along with turning in this form, you **must also complete the online graduation application via your SCOTS account.**

I EDUCATIONAL DATA (to be typed by student):

Name

Last _____ First _____ M.I. _____

Student ID: @ _____ Student email: _____

Address During Internship

Street: _____ City: _____ State: _____ Zip: _____

Home Address (if different than above)

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Major: _____ Minor (if applicable): _____

Major GPA: _____ Undergraduate GPA: _____ Anticipated Graduation Date: _____

II INTERNSHIP DATA:

Course Number: _____ Number of Credits: _____

Course Title: _____

Site Supervisor: _____ Site Supervisor Phone: _____

Internship Site: _____

Street: _____ City: _____ State: _____ Zip: _____

Internship Period

Starts: _____ Ends: _____

Number of Weeks: _____ Hours Per Week: _____ Daily, from: _____ to _____

Unpaid Paid Hourly Amount: _____ Student's Site Phone Number: _____



III INTERNSHIP APPROVAL: (You must obtain the following **signatures**; copies will be sent to all signers)

Advisor's Signature: _____ date

NOTE: INTERNSHIP SITES LOCATED MORE THAN 150 MILES FROM EDINBORO UNIVERSITY MUST BE APPROVED BY THE ACADEMIC PROGRAM DEAN CONTINGENT UPON AGREEMENT WITH THE FACULTY SUPERVISOR TO CONDUCT REQUIRED INTERNSHIP SITE VISITS USING VIDEO CONFERENCING TECHNOLOGY.

To be completed by Faculty Supervisor:

Will this internship require the faculty supervisor to travel more than 150 miles to the internship site?
Yes No What is the distance of travel required? _____

Does the faculty supervisor intend on making face to face or video site visits?
Face to Face Video

If greater than 150 miles, please attach a rationale for the need for a face-to-face visit with this application.

Faculty Supervisor's Signature: _____ date

Department Faculty Internship Director's Signature: _____ date

Department Chairperson's Signature: _____ date

Academic Program Dean's Signature: _____ date

Student Signature: _____ date

cc: APSCUF, Records and Registration with all signatures completed (Responsibility of Dean's Office)

The original application must be returned to the Dean's Office.

If an on-campus internship, the Provost's signature must be included on the bottom of this form.

*** Failure to register properly will invalidate this approval.**

