**Internship Application – IPAT / PUBH / HHP**

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student ID #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Last

**Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street City State Zip

**Phone:** (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **UM Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Year in School:** □ Junior □ Senior □ Grad **Credit Hours completed: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of credits taken during semester, *including your internship*** \_\_\_\_\_\_\_\_ (credits are limited to 16)

**Application For:** □ KIN 498 □ PUBH 498 □ HHP 598 (Graduate) □ KIN 391

**Number of Credits:** \_\_\_\_\_\_\_\_ (2-6) Note: 45 hours required **per** credit = 90–270 hours per semester

**Internship Semester:** □ Autumn □ Spring □ Summer □ Other

**Internship Dates:** start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ finish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposed site:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency City State

**Site Supervisor**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Phone E-mail Address

**Approval:**

Student Intern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_

Faculty Advisor/Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Coordinator (**FINAL** **SIGNATURE**):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit application to: Internship Coordinator, Holly Cummings along with all other paperwork from the Registration Steps and Requirements Checklist.**

* ***Summer/Autumn Registration Due: On or before Last week of April***
* ***Spring Registration Due: On or before last week of November***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Internship Coordinator Use Only – Do Not Write Below\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* REGISTRATION OVERRIDE
* Syllabus/Portfolio Guidelines
* Log/Journal Follow-up:
* Learning Agreement approval
* Application
* Credits
* Resume
* Job Description
* Goals
* Transcripts
* CPR Certification
* Learning Agreement

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_