

# 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

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**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 seventy-five (75) credit hours prior to the start of the internship and be in academic good standing in the major (2.50 cumulative grade point average) to enroll for internship.**

**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.***