Student Request for Approval of Internship Position  
To be Completed by the Student

Instructions: Complete this two-page form, attaching additional information as needed. Submit this request to the Internship Coordinator. Deadlines for this form are as follows:
For Spring Internships: Third Monday in November
For Summer Internships: Third Monday in April
For Fall Internships: Third Monday in May

Failure to meet the deadline may result in postponement of the internship.

Intended Semester of Internship: Spring 20___ Summer 20___ Fall 20___
Number of semester hours intended for internship experience: 12 Other, specify ___
Student Name
Student Address
City, State, Zip

Until when will you be living at the above address? 
Phone where you can be reached
E-mail
Permanent Address
City, State, Zip
Permanent Phone

Agency Name
Agency Address
City, State, Zip

Agency Mission (Attach additional narrative if needed)

Has the Agency had experience with undergraduate interns in your area of study? yes no
Does the agency currently have an Institutional Affiliation Agreement between the agency and the University of Iowa? _______yes _______ no _______ unknown

Agency Supervisor ________________________________
Agency Supervisor Title ___________________________ Phone ________________________________
Fax __________________________ E-mail ________________________________

Qualifications of Supervisor (e.g., bachelor’s degree or higher, professional degree, professional credentials, previous experience supervising undergraduate interns). Attach additional narrative if needed.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

How long has this supervisor been employed at this agency? _____________________________

Describe the responsibilities you would have as an intern at this agency. Attach additional narrative if needed.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

How would these responsibilities apply to your academic background? Attach additional narrative if needed.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Student Signature ________________________________ Date ________________________________