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__

Number of semester hours intended for internship experience: ____, 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 ___________________________

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.

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

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Student Signature ___________________________ Date ____________________