

**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 First Friday in November
For Summer Internships Friday after Spring Break

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

Intended Semester of Internship _____ Spring 200__ _____ Summer 200__

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? _____

Home Phone _____ Cell Phone _____ Work Phone _____

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

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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., bachelors 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 _____