

STATE UNIVERSITY OF NEW YORK COLLEGE AT ONEONTA
College Undergraduate Internship Application

Students should apply during the semester preceding the internship. Eligibility criteria must be met at time of application. Prior approval for all internships is required. Retroactive approval of internships will not be granted.

Please Print:

Term: Fall 20_____ Spring 20_____ Summer 20_____

Name: _____ ID#: _____

Address: _____ Telephone: _____

_____ E-Mail: _____

TERMS & CONDITIONS *Student must attach a recent Advisement Document (Arrow Sheet) to this application.*

1. The College cannot guarantee that every student who applies will be approved for an internship.
2. Internships may be denied for a number of reasons including but not limited to location, sponsors related to the student, or experiences lacking sufficient academic content.
3. Internship issues of stipend and expense reimbursement may vary by sponsor.
4. Faculty members, the student's immediate family, or employees of the student's immediate family may not serve as on-site internship supervisors.
5. The department chair will determine the suitability of a sponsor and/or student for an internship experience.
6. Departments may append additional requirements to this form.
7. Interns in health-related fields will be billed for Clinical Affiliation Liability Insurance (currently \$50, subject to change).

Minimum Requirements:

56 s.h. completed
12 s.h. completed at Oneonta
Passed College Writing Exam
2.00 GPA overall
2.00 GPA in major

Student's Record:

Total s.h. completed: _____

s.h. completed at Oneonta: _____

Date CWE passed: _____

Overall GPA: _____

Major GPA: _____

PROJECT INFORMATION

A maximum of 16 s.h. of internship credit, including student teaching may be applied toward the undergraduate degree. Credit is granted on the basis of 1 s.h. for 40 hours (normally a full work week). Part-time work may be pro-rated over the semester. Students may register for a maximum of 15 s.h. of internship credit during the fall or spring semesters; a maximum of 12 s.h. may be earned during the summer.

total s.h. previous internship(s): _____ # of hours on-site: _____ # s.h. this internship: _____

s.h. enrolled this semester, including internship: _____ (must not exceed 18 s.h.) (# of on-site hours/40)

Dates of Internship: _____ Course SUBJ and Number (e.g., MCOM 397): _____

Project Title: _____

Participating Agency: _____

Site Sponsor: _____ Agency Address: _____

Sponsor Telephone: _____

Sponsor Fax: _____ Faculty Coordinator: _____

Project Description: To ensure legitimacy of the educational experience, a description must be attached that includes student duties and learning outcomes, modes of communication (e.g., site visit, e-mail, telephone), and criteria and method(s) for evaluation. Internships must include an academic component such as written papers, journals, portfolios, etc., that are used as part of the evaluation process.

I have read and accept the terms and conditions of this internship application:

Student Signature _____ Date: _____

Project Description Approved:

On-Site Sponsor Signature: _____ Date: _____

Internship Application Approved:

Faculty Coordinator Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____

Division Dean Signature: _____ Date: _____