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).
8. Students enrolled in an internship are liable for College at Oneonta tuition and fees.

Minimum Requirements: Student’s Record:
56 s.h. completed Total s.h. completed: ________________
12 s.h. completed at Oneonta s.h. completed at Oneonta: ________________
2.00 GPA overall Overall GPA: ________________
2.00 GPA in major 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 each full work week (normally 40 hours). 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: __________ # of on-site hours/40)

Paid Internship: □ Yes □ No (For SUNY purposes payment is considered any hourly pay, stipend, and/or tuition reimbursement.)
Dates of Internship: __________________________ Course SUBJ and Number (e.g., MCOM 397): __________
Project Title: _____________________________________________________________________________________

Participating Agency: _____________________________________________________________________________
Site Sponsor: ____________________________ Agency Address: ______________________________________
Sponsor Telephone: ________________________
Sponsor Fax: ____________________________

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: ___________________

Distribution: Registrar, Student, Faculty Coordinator
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