

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.

Department and program in which the applicant is matriculated: _____

Term: Fall 20 _____ Spring 20 _____ Summer 20 _____ Winter 20 _____

Name: _____ Student ID#: A _____

Address: _____

Telephone: _____ Email: _____

Terms and Conditions (student must attach a recent DegreeWorks Advisement Document 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 locations outside the supervised geographic area, sponsors related to the student, or experiences lacking sufficient academic content.
3. Internship issues of stipend and expense reimbursement may vary by sponsor.
4. 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. The internship eligibility requires the completion of at least 6 s.h. of graduate coursework at Oneonta.
7. Departments may append additional requirements to this form.
8. Interns in health-related fields will be billed for Clinical Affiliation Liability Insurance (currently \$50, subject to change). Interns in other fields may be required to secure liability insurance.

Minimum Requirements

6 s.h. graduate coursework completed at Oneonta in a graduate program.

Project Information

A maximum number of internship semester hours credited to the degree will be 10 s.h. or less. Credit is granted on the basis of 1 s.h. for a minimum of a full work week (normally 40 hours) and an academic component as described below on the Graduate Internship Application under "Project Description." Some programs may require more hours of service at the internship per semester hour.

Total s.h. previous internship(s): _____ (generally not to exceed 10 s.h.) Number s.h. this internship: _____

Number s.h. enrolled this semester, including internship: _____

This internship will fulfill the following program requirement: _____

Dates of Internship: _____ Course SUBJ and Number (e.g. CNED 697): _____

Project Title: _____

Participating Agency: _____

Agency Address: _____

Site Sponsor: _____ Sponsor Telephone: _____

Sponsor Email and Fax: _____ Faculty Coordinator: _____

Project Description

Description must be attached, including student duties, criteria and method(s) for evaluation, to ensure legitimacy of the educational experience (e.g., site visit, email, telephone). Internships 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 _____

Deposit completed form, bearing all signatures, with the Career Development Center, 110 Netzer