

**Application
Internship, Practicum, & Field Experience
Higher Education Administration & Student Personnel
HIED 6/76492**

Please note: Students are strongly encouraged to plan internship experiences during the term prior to the one in which they will be carried out. Following approval of the application, a plan must then be negotiated (see Internship Manual for details).

Date _____

Student name _____ SS# _____

Address _____

Home phone # _____ Work Phone # _____

E-mail(s) _____

In which term are you planning to do the internship? _____

Internship site (institution and office): _____

On-Site Supervisor _____

Title _____

Mailing address _____

E-mail _____ Phone # _____

I agree to supervise the above named student in this internship according to the conditions identified in the internship manual.

On-Site Supervisor signature _____ Date _____

I agree to perform the agreed upon internship in the above named office according to the conditions identified in the internship manual.

Student signature _____ Date _____