

**Credit Internship Application**

This application must be completed, signed and returned to the department awarding the academic credit in order for the internship to be sponsored by the University of Colorado at Boulder. Completion of this agreement is also necessary to ensure a high quality experience and satisfaction among all parties. Students pursuing approval for a non-credit internship should not use this form and, instead, should contact Career Services.

1. All internships for credit in the College of Arts and Sciences have prerequisites that students must meet before they are eligible to apply. For information about the prerequisites for internship credit, visit <http://www.colorado.edu/careerservices/students/internsponsors.html> or contact the specific department.
2. You must obtain a Faculty Sponsor from your major department and ask her/him to assist you in completing this application.
3. All internships must provide work experience clearly related to your academic goals and prior course work. Internships for credit must include an academic emphasis beyond the work experience. Discuss this with your faculty sponsor.
4. Make sure that you read the responsibilities under this agreement at the end of the Credit Internship Application and print everything out.
5. To receive credit, all internships must have PRIOR approval. No retroactive credit is available for internships already started or completed.
6. Internships may be taken for 3 hours of academic credit. The course may be taken up to 6 credits overall (2 semesters total).
7. Students must work a minimum of 48 hours for each hour of academic credit.
8. Only after all approving signatures have been obtained and you have a copy of the approved contract will you be able to secure permission to add credits from the sponsoring department.
9. Once you have a copy of the approved application, you must register for the specific course number given by your department for credit internships. You will pay tuition for the internship according to the number of credit hours you are seeking. See tuition rates in the UCB catalog or contact the Bursar's Office.
10. Check your department's internship grading policy; methods of grading internships may vary.
11. Some departments permit students to receive pay and credit. Check with your department to determine that department's policy.
12. Complete a Credit Internship Application prior to obtaining the required signatures. After obtaining the required signatures, take the application to the department awarding the credit for the internship. The department will make a copy and send it to you. Obtain your Add card from the sponsoring department. Credit Internship Applications must be submitted to the Chair/Associate Chair of the department awarding the internship credit no later than one week prior to the last day of Drop/Add.

Questions should be directed to the Chair or Associate Chair of the department offering the internship credit.

International Students: You must have the internship approved by an International student advisor before your first day of work.

PLEASE TYPE or PRINT all information except signatures

| Student Information |  |
|---------------------|--|
| Last Name           |  |
| First Name:         |  |
| Student Number:     |  |
| E-mail:             |  |
| Phone:              |  |
| Address:            |  |
| City/State/Zip:     |  |
| Class Standing:     | <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior   |
| College/School:     | <input type="checkbox"/> Arts and Sciences   |
| Major:              |  |
| Degree:             | <input type="checkbox"/> Bachelor's <input type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other _____ |

| Employer Information  |  |
|---|--|
| Employer Name:  |  |
| Supervisor:   |  |
| E-mail:   |  |
| Phone:  |  |
| Address:  |  |
| City/State/Zip:   |  |
| This application must be approved before you start your internship. |  |
| Internship Department :   |  |
| Course Number:  |  |
| Number of Credit Hours (3) :  |  |
| Faculty Sponsor Name  |  |
| Faculty Sponsor Department  |  |
| Faculty Sponsor Telephone   |  |

| Internship Information   |                                    |                               |                  |
|--|------------------------------------|-------------------------------|------------------|
| Position Title:  |                                    |                               |                  |
| Start Date:  |                                    |                               |                  |
| End Date:  |                                    |                               |                  |
| This internship is:  | <input type="checkbox"/> Voluntary | <input type="checkbox"/> Paid | Salary per Hour: |
| Hours per Week:  |                                    | Total Hours:                  |                  |
| Position Description. Describe the nature of your position and/or your duties. What will be the most substantive aspects of your position? (How will you spend the majority of your time?) |                                    |                               |                  |
|  |                                    |                               |                  |

|                         |   |
|-------------------------|---|
| Educational Objectives. | What do you hope to learn from this experience?   |
|                         |   |
| Learning Activities.    | Describe the academic work that you will do (readings, research, data collection) and the academic work you will produce related to the internship (research paper, data analysis, creative/artistic work) to merit the awarding of the academic credit requested. Please be detailed in describing the nature and amount of academic work. |
|                         |   |

Self Evaluation. Describe how the internship experience relates to your major and career interests and how

Responsibilities Under This Agreement

When signing this agreement, you agree to assume the responsibilities listed for your role.

I, the Internship student, agree to:

- 1.

The student, employer, and faculty sponsors agree to assume these responsibilities for the duration of the student's placement. The Credit Internship Application must be completed in order for the academic department to endorse the student's placement, for the placement to be considered "sponsored" by the University of Colorado at Boulder, and for the student to receive credit for the experience.

Please secure signatures in sequence.

Your signature means \_\_\_\_\_ that you have read and abide by this agreement.

|  |   |
|--|---|
| 1. Student   | Signature: _____ Date _____<br>Name printed or typed: |
| 2. Work Supervisor   | Signature: _____ Date _____<br>Name printed or typed: |
| 3. Faculty Sponsor   | Signature: _____ Date _____<br>Name printed or typed: |
| 4. Chair or Associate Chair<br>(of department awarding credit) | Signature: _____ Date _____<br>Name printed or typed: |

Internships for Credit: The faculty member's and Chair's or Associate Chair's signatures are **REQUIRED** PRIOR to the start of your internship for placements carrying credit.

If all the information is complete, print the application, obtain the necessary signatures, and submit to the department awarding the credit \_\_\_\_\_ well in advance \_\_\_\_\_ of beginning your internship experience.