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

Students should apply for an internship during the term preceding the internship. Students should be able to meet eligibility criteria at the start of the term in which the internship will be served. Approval from the academic department chair and Dean is required for all internships. Retroactive approval will not be granted. Please type this document.

Term: □Fall 20 □ Winter 20	☐Spring 20	Summer 20
Student Name:	ID#:	
Address:		
Mobile Telephone:	Other Telephone:	
Campus E-Mail:	_ Alternative E-Mail:	
Course SUBJ and Number (e.g., MCOM 397): _	Title of Inter	rnship:
Paid Unpaid Unpaid		
<ol> <li>experiences lacking sufficient academic cont</li> <li>Internship issues of stipend and expense reim</li> <li>The student's immediate family, or employed supervisors. Faculty members may not serve</li> <li>The academic department chair will determined</li> <li>Departments may append additional requirened</li> <li>Interns in health-related fields may be billed</li> <li>Students enrolled in an approved SUNY One</li> <li>A maximum of 16 credits, including student of the following of the successful completion of the hours of internship activity per credit.</li> <li>Eligible students may register for a maximum during the summer and a maximum of 4 credits.</li> </ol>	easons including but not letent.  The property of the student's immeder as both Faculty Advisorate the suitability of an interest of this form.  The containternship are liable teaching credits, may be of course requirements, further of 15 credits of internship and 15 credits of internship are liable teaching credits, may be of course requirements, further of 15 credits of internship are liable teaching credits of internship are liable teaching credits, may be of course requirements, further of 15 credits of internship are liable teaching credits of the liable teaching c	limited to location, sponsors related to the student, or internship site. diate family, may not serve as on-site internship rand Site Supervisor for the same internship. ternship site or student for an internship experience. Liability Insurance (currently \$50, subject to change). The for Oneonta tuition and fees. applied toward the undergraduate degree. Alfillment of course learning outcomes and a minimum of 40 whip during the fall or spring terms; a maximum of 12 credits
Internship Credit Information (Please use Degree Total credits earned for previous approved internation (Total credits for new, proposed internship: Total number of hours to serve for proposed international credits enrolled during term when internship	ship(s): rnship (40 hours equals or	ne credit:
Minimum student eligibility requirements: Please 56 s.h. completed	indicate completion with	h (√).
Felony Convictions: Have you ever been convicted of a felony? If yes, additional forms will be sent to you. This i automatically eliminate you from participation.	Yes No information may be consi	idered when reviewing your application, but does not
Starting and Ending Dates of Internship: Starting	; dateEnding da	ate(Must fall within the term.)
Expected date of graduation		

## State University of New York College at Oneonta Internship Learning Agreement

Internships at SUNY Oneonta include academic components enriched by learning opportunities outside the standard classroom setting. Student demonstration of acquired knowledge and skills is assessed by qualified faculty. For the organization that serves as the setting for the internship experience, internships offer an opportunity to contribute directly to the educational and developmental growth of participating students. This is a fillable PDF. Type all information.

## A. Contact information for all parties: Student: Student Name: Course title and number: Major: Primary Contact Phone: SUNY Oneonta E-mail: Alternate E-mail: Internship Faculty Sponsor: Faculty Internship Sponsor name and email: Department/Program: Department Chair name and email: Dean name and email: Internship Site: Internship site representative or supervisor (Name, job title): Business/Organization Name: Dept. or Office: Virtual In-Person Internship Type: Address: E-mail: Telephone:

If your internship is unpaid, would you like to be considered for funding support?

Internship Start Date

UNPAID

End Date Term Fall Winter Spring Summer Year

please indicate: hourly wage \$\_\_\_\_ or stipend\* amount \_\_\_\_ per/\_\_\_\_

## **B.** Academic Component Description

 $Learning\ Outcomes\ as\ listed\ in\ the\ Internship\ Course\ syllabus\ (Attach\ syllabus\ if\ provided.)$ 

1				
2	2			
3	3			
4	1			
5	5			
6				
Specific Site Internship Duties <u>proposed</u> by the student and the site supervisor and <u>approved</u> by the Faculty Internship Sponsor to meet course Learning Outcomes. 4 - 6 specific site duties are recommended. The faculty member designated to approve internships in the department from which one is seeking credit is the only person who can give initial approval of an internship for academic credit. Requests for increasing or decreasing internship credits must be approved by the appropriate academic department chair.				
1				
2	2			
3	3			
4				
5	5			
6				
Methods of Faculty Evaluation of student work: Please see course syllabus.				
Grading Pass/Fail Letter Grade Other (Please specify)				