Internship Application Cover Sheet

I. Student Information

Name of Intern: ________________________________  Phone: ________________________________

Student Email: ______________  Faculty Reference Name: ______________  PSC/ JUS/PAD ______

Request Placement for ______ credit hours during the __________________ semester of ______

(Fall, Spring, or Summer) (Year)

Student agrees:

1. To complete 200/400 clock hours by the last day of classes at the agency placement for a 3/6 credit-hour internship (a different form is required if this does not apply to you).
2. To abide by the agency’s rules, regulations, and policies.
3. To inform internship coordinator of any changes to the above contact information or any changes pertaining to the internship.
4. To maintain a professional attitude toward work and the work environment.
5. To assume responsibility for punctual and accurate preparation of reports, records, and other materials requested by the Intern Supervisor.

Waiver:

I am aware that risks may be involved and agree that neither the agency (listed in Section B) nor any member of the agency nor any member of Northern Kentucky University nor any local, state, or federal governmental unit is responsible for any harm that may result from activities related in any way to the internship or in transit to or from the internship.

I certify that I have carefully read and agree with the above statement and that all information I have provided is correct:

Signature of Intern: ________________________________  Date: ________________________________

II. You must deliver the following to FH427D by November 1 (for Spring), March 1 (for Summer), or May 1 (for Fall) placement. Note: Some Federal placements require a 1-year advanced application.

☐ This Cover Sheet Completed and Signed

☐ Name of NKU faculty member who will serve as a reference (write name above)

☐ Number of Credits and Semester and Year of Placement Request

☐ Typed word document with three placement choices (order by preference) and reasoning (if applicable)

☐ Agreement and release form

☐ Current Résumé
III. Agency Information and Intern Supervisor Information

Name of Agency: ______________________________ Mailing Address:_________________________  
                                                                                           
                                                                                           
                                                                                           
Agency Head: ________________________________ Phone: _________________________________  
                                                                                           
Intern Supervisor: _____________________________ Phone: _________________________________  

*E-mail (if available): __________________________ *Fax (if available):_________________________

Agency agrees:

1. To aid and support the student in his/her efforts to complete assigned tasks.
2. To allow time for field instruction as well as formal and informal conferences to enhance constructive learning, self-awareness, and self-evaluation.
3. To provide a safe physical environment.

Role of Intern In Agency (To be completed by the Intern Supervisor whose signature appears above).

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Signature of Intern Supervisor: ____________________________        Date: ______________________

Signature of Student Intern: ____________________________        Date: ______________________