



**Appendix D: Internship/ Clinical Observation Application & Agreement**  
**(Read Handbook, TYPE, Print, and Obtain Signatures)**

**Section 1: Student Information**

Last Name First Name Middle Initial

LEC Student ID # Major Check One:  Sophomore  Junior  Senior

Cumulative GPA (2.0 GPA required for Internships)

Telephone Number (Include area code) E-mail

Current Address  
(Street, City, St Zip Code)

Campus Mailbox #

**The student agrees to:** perform all assigned duties to the best of his/her ability, satisfactorily meet all requirements of the employer, complete all academic requirements, and abide by the rules, regulations and the policies of the Internship/Clinical Observation Program. Failure to meet these requirements will result in the student's withdrawal from the assignment and the forfeit of any benefits of the Internship/Clinical Observation Program. I have reviewed the internship guide on CS&I website or have received a copy of it and understand the requirements attached to the internship/clinical observation including registering for the internship/clinical observation course and paying all applicable fees.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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**Section 2: Employer Information (Complete with your Site Supervisor)**

Internship/Clinical Observation Site

Site Supervisor

Title

Phone

Fax

E-mail

Address

Student Position Title

**(Job ID # on Storm Central Network: \_\_\_\_\_ )**

Check One:     Unpaid     Paid    Hourly Wage or Monthly Stipend

Hours per week

Begin Date

End Date

**Attach Internship Description:** Specifically, what projects and responsibilities will the intern/student observer have during the internship/clinical observation? – Please explain this in an “academic internship description” See page 18 for an example. (Must be typed)

**The Employer/ Site Supervisor agrees to:** abide by the guidelines set forth in the “supervisor section” of the handbook; provide supervision of the student; evaluate the student's performance on forms provided by the College, and provide the same consideration of health, safety and working conditions accorded other employees. I also acknowledge that a job description will be provided or is already on the Storm Central Network database.

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

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### Section 3: Academic Requirements & Signatures

Complete with your Faculty Sponsor:

Course Code \_\_\_\_\_ Semester/Yr \_\_\_\_\_ Number of Credits (1 credit = 50 hours) \_\_\_\_\_

Faculty Sponsor Name \_\_\_\_\_ Academic Advisor Name \_\_\_\_\_

What work is required outside of the experience hours?

**\*Include Attached Syllabus with Learning Objectives\***

FOR EXAMPLE:

- Employer assessments  Class Presentations  
 Journals  Examinations  
 Written or Oral research reports  Class/seminar attendance  
 Other: Please indicate: \_\_\_\_\_

**1) The Faculty Sponsor:** I have read and reviewed *Section 2 with the student and approved the stated experience for the course credit information stated in Section 3*. I have communicated academic expectations to the student, help develop learning objectives, and make at least one site visit per internship program guidelines. Upon successful completion of all requirements by the student, the faculty sponsor will assign a grade.

\_\_\_\_\_  
Faculty Sponsor\*

\_\_\_\_\_  
Date

**\*IF APPLICABLE: Faculty Member (sign ONLY IF faculty sponsor is not within the academic area for which credit is being given – LOOK AT COURSE CODE)** -Approval for registration of academic credit for the course code and number of credits assigned in Section 3.

\_\_\_\_\_  
Faculty Member (within the area credit is being given)

\_\_\_\_\_  
Date

**2) Faculty Advisor:** Approval for registration of academic credit for the course code and number of credits assigned in Section 3.

\_\_\_\_\_  
Faculty Advisor

\_\_\_\_\_  
Date

**3) The Office of Career Services & Internships agrees to:** maintain communication with the employer, the student, and the faculty sponsor in an effort to answer questions, resolve potential problems and otherwise endeavor to make the experience as productive and rewarding as possible for both the employer and the student.

\_\_\_\_\_  
Career Services & Internships

\_\_\_\_\_  
Date

For Career Services Staff Use Only:

\_\_\_\_ Resume

\_\_\_\_ Job Description Attached

\_\_\_\_ Syllabus Attached

**IF APPLICABLE: Out-Of-Country Opportunities-** students planning an overseas experience for academic purposes need to go through the Office of International Programs to complete liability paperwork, applications, etc., as well as for information pertaining to practical travel tips.

\_\_\_\_\_  
Coordinator of International Studies

\_\_\_\_\_  
Date

#### **FINAL SIGNATURE (obtain by dropping off application and all materials at the registrar's office)**

**Dean(s) of Academic Area:** Approval for registration of academic credit for the course code and number of credits assigned in Section 3. Signature prompts registration.

\_\_\_\_\_  
Dean(s) of Academic Area (in which credit is being given and faculty sponsors Dean applicable)

\_\_\_\_\_  
Date