Earlham College
Petition for Internship

Procedures and Deadlines

1. Internships may be done during any semester, or during the summer; some students do mini-internships during winter break.
2. In order for you internship to appear on your Earlham transcript (whether for credit or not), you must register for it in the semester immediately following the completion of the internship.
3. Before completing this petition, be sure to consult with both your faculty advisor and internship site supervisor regarding the nature of your internship, relevant readings, process of evaluation, etc. A minimum of 130 hours and a scholarly project are required to earn 3 semester hours of credit. A written self-evaluation is required for successful completion of all internships.
4. Submit this form and supporting materials to the Registrar’s Office for final approval by the Associate Academic Dean or Associate Dean of the College.
5. The deadline for academic year internship petitions is the last day of registration for the semester in which the anticipated internship will take place. The deadline for summer internships is the last day of registration in the fall semester. A late fee of $25.00 will be charged if the petition is submitted after the deadline.
6. If approved, one copy of the petition will be returned to the student for his/her records, one copy will be sent to the faculty supervisor, one copy will be sent to the agency/organization supervisor or mentor, and the original will be kept on file in the Registrar’s Office.

Application

1. __________________________________________  __________________________________________
   Student’s Name                  ID#                  Drawer#                  Cell Phone#                  Email

2. __________________________________________  __________________________________________
   Major Field of Concentration                  Year in College

3. Dates of proposed internship __________________________________________________________

4. Do you wish to earn academic credit for this internship? ________ If so how many semester hours? ____________

5. In which semester and year do you wish to be registered for this internship? ________________

6. Location of your internship:
   A. Organization Name __________________________________________________________

   B. Supervisor’s Name and Title ________________________________________________

   C. Organization Address ______________________________________________________

   __________________________________________________________

   D. Telephone _____________________________ Fax _________________________ Email ____________

continued
For each item below, append additional material as appropriate.

7. Briefly describe the agency or organization. Include information about the group’s purpose and philosophy.

8. What will you be doing for your internship?

9. What new knowledge, experience, skills and personal abilities do you hope to develop through this internship?

10. All Earlham-approved internships, whether for credit or not, require that you do relevant reading. Please note the texts/articles that you plan to read. Consult with your agency and faculty supervisor before completing this section.

11. If you are doing the internship for credit, you are required to complete an Earlham-supervised academic project approved by your faculty supervisor. Please describe that project below.

12. During the course of your internship, what will be the nature and frequency of interaction between you and your agency supervisor or mentor? Between you and your faculty adviser?

continued
13. **All internships, whether or not they receive credit**, require the faculty supervisor to confirm the successful completion of the internship. What evidence will your faculty supervisor have to form an evaluation of your experience and learning? (A letter from the site supervisor is most often expected; the self-evaluation and other materials should be considered)

Signatures:

Student ________________________________________________________ Date _________________________

Organization Supervisor: I have reviewed this application, agree to be the supervisor, and approve the pursuit of this internship as described.

Name __________________________________________________________ Date ____________________________

Title ________________________________

Faculty Supervisor: I have reviewed this internship application, have agreed to be the faculty supervisor, and to approve the pursuit of the internship as described. I understand that I will be asked to confirm (via a grade sheet) the successful completion of this internship experience (See item 13)

Faculty Supervisor (Print) ______________________________________

Faculty Supervisor Signature ____________________________ Date ____________________________

Academic Adviser (Print) ________________________________

Academic Adviser Signature ____________________________ Date ____________________________

Registrar ___________________________________________ Date ____________________________

Direct questions to the Registrar’s Office at ext 1515 or email: stoutju@earlham.edu or washibo@earlham.edu.

9/1/17
Registrar’s Office