## SHIPPENSBURG UNIVERSITY DEPARTMENT OF CRIMINAL JUSTICE Shippensburg, PA 17257 UNDERGRADUATE INTERNSHIP APPLICATION FORM

## **PERSONAL INFORMATION:**

YOUR NAME:	SUID:	DATE:
LOCAL ADDRESS:		· · · · · · · · · · · · · · · · · · ·
PHONE NUMBER:	SHIP E-MAIL ADDRESS:	
HOME ADDRESS:		
PHONE NUMBER:*Undergrad	CREDITS EARNED: duates must have completed at least 60 credits and	QPA: I a 2.0 QPA.
	INTERNSHIP INFORMATION:	
NAME OF AGENCY		
NAME OF CONTACT PERSON	TITLE	
PHONE NUMBER	EMAIL ADDRESS	
ADDRESS/CITY/STATE/ZIP:		
PROPOSED LENGTH OF TIME FOR	INTERNSHIP (FROM TO):	
NUMBER OF INTERNSHIP CREDITS	:36912 (Please indicate num	ber of credits)
and pay for the credits involved. I am re Site stating you were approved/denied fo	Criminal Background Check, Child Abuse Clearan esponsible for completing all internship requirement or an internship. INTERNS WILL BE ASSIGNED A ON RECEIPT OF ALL REQUIRED MATERIALS. GI	nts. A letter will be sent to the Internship FACULTY ADVISOR AND WILL BE
(Student's Sig	gnature)	(Date)

FOR DEPARTMENT USE ONLY						
Course	Course Title	Credits		Checklist	✓	
70471	Internship in CRJ I			Child Abuse Clearance		
70472	Internship in CRJ II			PSP Background Check		
70473	Internship in CRJ III			Liability Insurance		
70474	Internship in CRJ IV			Agency Confirmation Letter		
	Total Internship Credits			Email Sent		
				Final Letter Sent to Agency		
				Performance Report		
				Exit Survey		

Approved	Not Approved	Chair Signature	Date