**SHIPPENSBURG UNIVERSITY**
**DEPARTMENT OF CRIMINAL JUSTICE**
**Shippensburg, PA 17257**
**GRADUATE INTERNSHIP APPLICATION FORM**

## PERSONAL INFORMATION:

**YOUR NAME:** _____ **SUID**: _____ **DATE:** _____

**LOCAL ADDRESS:** _____

**PHONE NUMBER:** _____ **SHIP E-MAIL ADDRESS:** _____

**HOME ADDRESS**: _____

**PHONE NUMBER**: _____ **CREDITS EARNED:** _____ **QPA:** _____

*** Graduates must have at least 9 credits and a 3.0 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:** ___3 ___6 (Please indicate number of credits) (Note: Graduate students are limited to 6 internship credits)

**I understand I must provide proof of the Criminal Background Check, Child Abuse Clearance, and Professional Liability Insurance and pay for the credits involved. I am responsible for completing all internship requirements. A letter will be sent to the Internship Site stating you were approved/denied for an internship. INTERNS WILL BE ASSIGNED A FACULTY ADVISOR AND WILL BE SCHEDULED BY THE DEPARTMENT UPON RECEIPT OF ALL REQUIRED MATERIALS. GRADE: PASS/FAIL.**

_____ _____
(Student's Signature) (Date)

| FOR DEPARTMENT USE ONLY | | | | | |
|---|---|---|---|---|---|
| **Course** | **Course Title** | **Credits** | | **Checklist** | ✓ |
| 70617 | Internship in CRJ I | | | Child Abuse Clearance | |
| 70618 | Internship in CRJ II | | | PSP Background Check | |
| | **Total Internship Credits** | | | Liability Insurance | |
| | | | | Agency Confirmation Letter | |
| | | | | Email Sent | |
| | | | | Final Letter Sent to Agency | |
| | | | | Performance Report | |
| | | | | Exit Survey | |

| Approved | Not Approved | Chair Signature | Date |
|---|---|---|---|
| | | | |