## SHIPPENSBURG UNIVERSITY, DEPARTMENT OF CRIMINAL JUSTICE

## UNDERGRADUATE INTERNSHIP APPLICATION FORM <u>ALL INFORMATION MUST BE COMPLETED BY THE FOLLOWING DEADLINES: NOVEMBER 1<sup>ST</sup> (for a Spring internship) OR APRIL 1<sup>St</sup> (for a Summer or Fall internship.</u>

## **PERSONAL INFORMATION:**

YOUR NAME:		SUID:		DATE:
LOCAL ADDRESS:				
CELL PHONE NUMBER:		SHIP E-MA	IL ADDRESS:	
HOME ADDRESS:				
HOME PHONE NUMBER:*Undergraduates must ha				QPA: C or better, and a have a 2.0 QPA*
		INTERNSHIP INFOR	MATION:	
NAME OF AGENCY				
NAME OF AGENCY CONTACT P	ERSON (f	irst and last)		TITLE
PHONE NUMBER		EMAIL ADDRESS	S	
ADDRESS/CITY/STATE/ZIP:				
PROPOSED LENGTH OF TIME F	OR INTER	NSHIP (FROM TO):		
NUMBER OF INTERNSHIP CREE	<b>ITS</b> :3	6912 (Please in	dicate number of cred	dits)
ARE YOU A PARTICIPANT IN TH	IE 4+1 PR	OGRAM: YES	NO	
will be responsible for transpo responsible for completing all in A letter will be sent to the Intern	rtation to a sternship r ship Site s BE SCHED	and from the internship site for requirements within the confi stating you were approved/de DULED BY THE DEPARTMENT	or the duration of my nes of the term in w nied for an internsh	trance and pay for the credits involve y internship. I understand that I am hich the internship is scheduled. ip. INTERNS WILL BE ASSIGNED A F <u>ALL</u> REQUIRED MATERIALS. You
(Stude	ent's Sign	ature)	<del></del>	(Date)
		FOR DEPARTMENT US	F ONLY	
	Course	Course Title	Credits	
	471	Internship in CRJ I	0.00.00	
	472	Internship in CRJ II		

FOR DEPARTMENT USE ONLY					
Course	Course Title	Credits			
471	Internship in CRJ I				
472	Internship in CRJ II				
	Total Internship Credits:				
	Child Abuse Clearance				
	PSP Background Check				
	Agency Confirmation Letter				
	Academic Internship Contract				
	Final Letter sent to agency				
	Performance Report				
	Exit Survey				

Approved	Not Approved	Chair Signature	Date