

**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:** \_\_\_\_\_

\* Graduate Students 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 Please Note: MCRJ Graduate students are limited to 3 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		
Notes:	<b>Checklist</b>	✓
	Child Abuse Clearance	
	PSP Background Check	
	Agency Confirmation Letter	
	Email Sent	
	Final Letter Sent to Agency	
	Performance Report	
Exit Survey		

Approved	Not Approved	Chair Signature	Date