

SHIPPENSBURG UNIVERSITY, DEPARTMENT OF CRIMINAL JUSTICE

UNDERGRADUATE INTERNSHIP APPLICATION FORM

ALL INFORMATION MUST BE COMPLETED BY THE FOLLOWING DEADLINES: NOVEMBER 1ST (for a Spring internship) OR APRIL 1ST (for a Summer or Fall internship).

PERSONAL INFORMATION:

YOUR NAME: _____ SUID: _____ DATE: _____

LOCAL ADDRESS: _____

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

HOME ADDRESS: _____

HOME PHONE NUMBER: _____ CREDITS EARNED: _____ QPA: _____

Undergraduates must have completed at least 60 credits, CRJ 309 with a grade of C or better, and a have a 2.0 QPA

INTERNSHIP INFORMATION:

NAME OF AGENCY _____

NAME OF AGENCY CONTACT PERSON (first and last) _____ TITLE _____

PHONE NUMBER _____ EMAIL ADDRESS _____

ADDRESS/CITY/STATE/ZIP: _____

PROPOSED LENGTH OF TIME FOR INTERNSHIP (FROM -- TO): _____

NUMBER OF INTERNSHIP CREDITS: 3 6 9 12 (Please indicate number of credits)

ARE YOU A PARTICIPANT IN THE 4+1 PROGRAM: YES NO

I understand I must provide proof of the Criminal Background Check and Child Abuse Clearance and pay for the credits involved. I will be responsible for transportation to and from the internship site for the duration of my internship. I understand that I am responsible for completing all internship requirements within the confines of the term in which the internship is scheduled. 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.** Your grade for the internship will be Pass (P) or Fail (F).

(Student's Signature)

(Date)

| FOR DEPARTMENT USE ONLY | | |
|--------------------------|------------------------------|---------|
| Course | Course Title | Credits |
| 471 | Internship in CRJ I | |
| 472 | Internship in CRJ II | |
| | Total Internship Credits: | |
| <input type="checkbox"/> | Child Abuse Clearance | |
| <input type="checkbox"/> | PSP Background Check | |
| <input type="checkbox"/> | Agency Confirmation Letter | |
| <input type="checkbox"/> | Academic Internship Contract | |
| <input type="checkbox"/> | Final Letter sent to agency | |
| <input type="checkbox"/> | Performance Report | |
| <input type="checkbox"/> | Exit Survey | |

| | | | |
|--------------------------|--------------------------|-----------------|------|
| Approved | Not Approved | Chair Signature | Date |
| <input type="checkbox"/> | <input type="checkbox"/> | | |