

PSIP Internship Application

Name _____

Banner ID _____

Number of Credits _____

Date of Participation Spring _____

Summer _____

Fall _____

Winter _____

Class _____

Anticipated Graduation Date _____

Major/Minor _____

Overall GPA _____

Total Credits Earned _____

STUDENT CONTACT INFO

Phone _____

Email _____

Permanent Address

SUPERVISOR CONTACT INFO

Name _____

Position _____

Organization _____

Phone _____

Email _____

Address

A. Will you be paid for this experience? Yes \$ _____ No

B. Job Description (*list activities, duties, projects, etc.*)

C. Training

D. Learning Objectives (*attach additional sheet if necessary*)

1. _____
2. _____
3. _____
4. _____

E. Employer Approval

1. I approve this Learning Agreement. _____

F. Student Approval

1. I approve this Learning Agreement. _____

We highly suggest submitting this application the **semester prior** to when you intend to do your internship. We cannot accept internship applications after the late add period (approximately two weeks after the beginning of the semester) has passed.

Please return this completed application to:

Mark Chadsey

Brown Building 225

(585) 395-2320 (*phone*)

mchadsey@brockport.edu