

Iowa State University Internship Program Form

This form is used to authorize an internship or cooperative education program. The form must be completed and approved prior to offering any internship and is in effect unless there is a significant change in the program (e.g., in scope or risk level) that would require that a new form be initiated. After all signatures are received, please email a PDF of this form to Lori Sutton (lsutton1@iastate.edu) in the Office of the Senior Vice President and Provost.

Name of Internship/Co-op Program _____

Check if Program is a Research Experience for Undergraduates (REU) ☐

Department _____ College/Division _____

Contact Name _____

Contact Phone _____ Contact Email _____

Intern Supervisor (If different from Contact Name above) _____

Will academic credit be offered? ☐ Yes ☐ No

Paid Internship? ☐ If yes, amount to be paid _____

Funding source _____

Unpaid Internship? ☐

Internship Start Date _____ Internship End Date _____

And/or Duration of Internship: ☐ Fall ☐ Spring ☐ Summer ☐ Other

Estimated number of Internships offered _____

Estimated Internship schedule or hours/week _____

Participants of the Program are: ☐ ISU students ☐ U.S. High School Students
☐ Non-ISU domestic students ☐ Non-ISU international students ☐ Other: _____

Will participants be age 18 or older? ☐ Yes ☐ No

(If NO, or if ANY participant will be under the age of 18, in addition go to:

["http://www.riskmanagement.iastate.edu/youth/internship-and-or-job-shadow-request-youth-"](http://www.riskmanagement.iastate.edu/youth/internship-and-or-job-shadow-request-youth-) for additional requirements)

I. Brief Description of Program:

II. Learning Objectives for Internship:

a.

b.

c.

d.

III. Participant will be authorized to conduct the following research or project (describe expected activities and responsibilities):

IV. List of equipment to be operated by participants:

V. List of project hazards and standard protections and/or Training Required:

VI. Building / Room / Other Campus Locations or Off-campus Locations (including laboratory locations to which participant will be permitted access):

VII. Participant [check one]:

___ is permitted access to the laboratory/research or other project locations *in absence of other members of the project team.*

___ is **not** permitted access to the laboratory/research or other project locations *in absence of other members of the project team.*

Signatures:

Faculty/Staff Supervisor **PRINT NAME AND TITLE**

Faculty/Staff Supervisor **SIGNATURE** Date _____

Department Chair/Director **PRINT NAME AND TITLE**

Department Chair / Director **SIGNATURE** Date _____

Dean / Vice President **PRINT NAME AND TITLE**

Dean / Vice President **SIGNATURE** Date _____