

SYRACUSE UNIVERSITY

Office of the Registrar

INTERNSHIP PROPOSAL/AGREEMENT

COMPLETE THIS TWO-PAGE FORM TO EARN CREDIT (RECORDED ON THE ACADEMIC TRANSCRIPT AS EXPERIENCE CREDIT) FOR AN INTERNSHIP. THIS FORM MUST BE SUBMITTED AND APPROVED BEFORE THE START OF THE INTERNSHIP.

Student intern, please complete ALL information on this page:

Name: _____ SUID#: _____
College(s): _____ Major(s): _____
Email: _____ Phone: _____
Level during internship: Fr So Jr Sr Grad Non-metric

Semester or Summer Session (Select one):

Fall Spring Summer Session1 (6 weeks) Summer Session 2 (6 weeks) Summer Combined Session (12 weeks)

Is this internship being done through SUAbroad? Yes No

Year: _____ Internship Start Date: _____ Internship End Date: _____

Course: Department/College 3-letter prefix: _____ Course Number: 270 470 670
Number of Credits: _____ × 45 hours = _____ (Minimum number of internship-related hours to be worked)
Title : Experience Credit Grading Basis: Letter grade (A-F) OR Pass/Fail (Undergrads Only)
Class number (To be assigned by Registrar's office - Students, **DO NOT fill in**): _____

SU Faculty Sponsor Name (Printed): _____ E-mail: _____
College _____ Last 4 digits of SUID _____
Department _____ (Faculty member please provide) _____

Student is responsible for checking with academic department and/or college for rules on number of credits and grading basis.

- Internships must be registered for the academic term in which the internship work is begun.
- Internships which extend over two terms (but not two summer sessions) must be registered as two separate internships.
- Minimum 45 total hours of internship work required per credit. More than the minimum may be worked without registering for additional credits, and all hours worked under faculty oversight during the stated term are considered part of the internship.
- Registration for credit-bearing Experience Credit cannot be done retroactively for an internship performed without faculty oversight.

Internship Site Information:

Organization name & physical address: _____
Organization contact's (E.g., Intern Coordinator or Human Resources): Name _____
Title, Email, Phone number: _____
Intern's site (Work) Supervisor: Name: _____ Title: _____
Email: _____ Phone: _____

Does the organization require credit registration as a condition of doing this internship? YES NO

I understand that tuition will be charged for internship credits on the same basis as it is charged for other credits during the same academic term (fall, spring, or summer).

I understand that Internships that do not extend over the entire semester or summer session are considered "flexible format" and have deadlines unique to that internship. (Please contact internship or registrar staff for deadlines specific to your internship.)

Signed (Student) _____ Date _____

Faculty sponsor and/or student, please fill in clearly and completely.

1. Objective/Learning goals: What does the student want to learn from this internship?

2. Anticipated activities and tasks of internship: How does student expect to accomplish the learning?

3. Required supplemental assignments and communication with faculty sponsor

4. Criteria for assessing student’s academic performance

Agreed:

Student Signature	Date
Faculty Sponsor	Date

Internship Proposal/Agreement Approved:

Student’s Academic Advisor: Signature		Date	
Dept. chair/college rep.: Signature		Date	
College Undergraduate/Graduate office: Signature		Date	