

**Indiana University**  
**Cognitive & Information Sciences**

Psychology Bldg., Bloomington, IN 47405  
(812) 855-4658; fax: (812) 855-1086

# Application for Internship Course Credit

Your answers to the following questions will assist the internship coordinator and the Director of Undergraduate Studies in evaluating your request for course credit for practical internship experience. **NOTE:** In order to receive course credit for a given semester, students must submit this application in advance of the last day to add courses (without a signature) for that semester.

Name \_\_\_\_\_ Date \_\_\_\_\_

Student I.D. \_\_\_\_\_ E-mail \_\_\_\_\_

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

Class Standing: \_\_\_FR \_\_\_SO \_\_\_JR \_\_\_SR \_\_\_Grad. G.P.A. \_\_\_\_\_

Expected graduation date: \_\_\_\_\_

Local Address \_\_\_\_\_

\_\_\_\_\_ Local Phone \_\_\_\_\_

For which semester are you seeking course credit?      Fall      Spring      Summer      Year: \_\_\_\_\_

How many credit hours are you seeking? \_\_\_\_\_ Dates of Assignment: \_\_\_\_\_

How many hours per week will you be working? \_\_\_\_\_ Paid or Unpaid? \_\_\_\_\_

Internship Job Title \_\_\_\_\_

Company/Organization Name \_\_\_\_\_

Please provide a brief description of the organization (industry, services, etc.):

Please provide a description of the responsibilities you will be expected to perform as an intern at this site.  
(Attach position description developed by the organization):

Site Supervisor's Name/Title: \_\_\_\_\_

Supervisor's Address: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

(OVER)

In preparation for completing the learning contract, explain how this internship assignment will allow you to apply knowledge and skills gained in your coursework. Also describe new knowledge and skills this internship assignment will offer. Finally explain how this assignment contributes to your educational and professional goals. (you may attach a separate sheet of paper):

Address/Phone/E-mail where you can be contacted during your internship? (may be added later if unknown)

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**FOR OFFICE USE ONLY**

\_\_\_\_\_ **Approved**  
Notes:

\_\_\_\_\_ **Not Approved**  
Notes:

Director of Undergraduate Studies \_\_\_\_\_ Date \_\_\_\_\_

Internship Coordinator \_\_\_\_\_ Date \_\_\_\_\_