

Graduate Internship Experience Request

Name:	Banner ID: <u>A#</u>	
Address:	Phone #:	
Academic Year: Semester:	Course # (3	hrs):539
Online Classification (Choose One):		
Student Major: Classification If the student will be working with a minor, see page 2.	on:	GPA:
Cooperating Placement Organization:		
Address:	Phone #:	
Internship Title: Please Print Clearly	Pay Rate:	Hrs./Week:
Agency Supervisor:	Signature:	
Immediate Supervisor (if different from above): _		
Type of Service Rendered by the Organization:		
Internship Assignments and Objectives: (Please at description of the proposed assignment or job describer hours, and whether the student will be entitled to we the student learning outcomes; 3) a bibliography [internal evaluation, including the specific assignments, assignating scale. Any scheduling and other supplement cooperating placement organization should also be	ription, including leng vages for the time spen f appropriate]; and 4) t ignment due dates, ass ntal information to be	eth of time, scheduled nt in the internship; 2) the method of signment weights, and
Signature of Student*:	_	Date:
Supervising Professor:		Date:
Graduate Coordinator:		Date:
Department Chair:		Date:
Associate Dean:		Date:
*I have reviewed the syllabus and understand the conditions credit for this course. I understand that most organizations we my responsibility to dress appropriately, be on time, and con-	ill conduct a background cl	heck. I understand that it is

Co-Curricular Services to Minors

Texas A&M University-Corpus Christi Procedure 11.99.99.C0.02 states that all university students who deliver co-curricular services to minors must first undergo a security background check.

Please answer the following questions in order to ensure compliance with university policy.

1.	1. Will Applied Experience/Internship students be required to pass a security background check administered by the agency/organization prior to beginning work for this agency/organization?		
	□ YES	□ NO	
2.	Will Applied Experiments with the control of the co	erience/Internship students be providing services to	
	□ YES	□ NO	
Stude	ent Name:		
Coop	erating Placement (Organization:	
Agen	cy Supervisor:		
Signa	ture of Agency Sup	pervisor:	