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.

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--" 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:

_________________________________________                    PRINT NAME AND TITLE
Faculty/Staff Supervisor

_________________________________________                    Date _____________
Faculty/Staff Supervisor

_________________________________________                    SIGNATURE
Department Chair/Director

_________________________________________                    PRINT NAME AND TITLE
Department Chair / Director

_________________________________________                    Date _____________
Department Chair / Director

_________________________________________                    SIGNATURE
Dean / Vice President

_________________________________________                    PRINT NAME AND TITLE
Dean / Vice President

_________________________________________                    Date _____________
Dean / Vice President

Updated 09/20/2021