This form is used to authorize an internship or REU program for individuals aged 18 and over*. 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. *If any participants are under the age of 18, please visit the Office of Risk Management and submit a youth internship request via the Cy Check system.

Name of Internship Program ________________________________
Check if Program is a Research Experience for Undergraduates (REU) ☐

Department ________________________________ College/Division __________________

Intern Supervisor ________________________________ ________________________________

Contact Phone ________________________________ Contact Email ________________________________

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: ____________

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
Date ___________________

________________________________________________________
Faculty/Staff Supervisor                           SIGNATURE

________________________________________________________
Department Chair/Director                           PRINT NAME AND TITLE
Date ___________________

________________________________________________________
Department Chair / Director                           SIGNATURE

________________________________________________________
Dean / Vice President                           PRINT NAME AND TITLE
Date ___________________

________________________________________________________
Dean / Vice President                           SIGNATURE

The next steps are to complete a Participation Agreement Form (PAF) for each individual participant. For paid internships, submit a request for payment via supplier invoice to finance_delivery@iastate.edu (attach the PAF, Conflict of Interest, W-9, and a payment schedule). Contact your Procurement and Expense Specialist for payment assistance. Information from Controller’s Office, Workday KBA on Internship Process.