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. 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.

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:

___________________________________________________  ____________________________
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

Updated 03/03/2022