

LINDENWOOD

UNIVERSITY

COLLEGE OF SCIENCE, TECHNOLOGY, & HEALTH

Internship & Practicum Application

Section I: Internship Guidelines and Procedures

DEFINITION	Internships/practicums are available and provide the opportunity for students to obtain academic credits through an out-of-classroom experience.
REGISTRATION/ APPLICATION	Registering for an internship/practicum course requires faculty approval. To gain faculty approval, students must complete the CSTH Internship/Practicum Application. The application should be completed several weeks before the beginning of the term to allow time for review and enrollment in the respective course.
PROCEDURES	<p>Students interested in enrolling in an internship/practicum course are required to identify a suitable internship/practicum site that meets the needs of the course and associated degree plan. Students are encouraged to work with their academic advisor, teaching faculty, and others to identify an internship/practicum. Once identified, the student will complete the CSTH Internship/Practicum Application. Registration in the course will be processed after the completed application is submitted to the student's faculty advisor for review and approval.</p> <p>NOTE: When an international student applies for an internship/practicum, the faculty advisor should immediately notify the International Student Advisor. Advance arrangements may be necessary to obtain the required approval from the Office of Immigration and Naturalization Service.</p>
REQUIREMENTS	<p>Actual course requirements may vary. Students should refer to the university catalog and course descriptions for more specific information. On average, students are expected to complete a minimum of 50 contact hours for each academic credit earned. Students usually complete one 150-hour internship during their degree program, earning three credit hours. Students who desire to complete multiple internships/practicums must complete separate applications, and the additional internship/practicum should be different in nature and purpose (and preferably at a different site).</p> <p>During the course of the internship/practicum, a student may also be required to complete assignments that support the internship experience. A professor may also contact the internship/practicum site supervisor at multiple points during the semester to review the student's performance. Students will also be evaluated by the site supervisor at the end of the experience. The course learning outcomes, number of assignments, and grading policies/procedures will vary based on the course, program, and instructor. For course-specific information, students should refer to the course description in the university catalog and/or request a copy of the syllabus from the course instructor.</p>
QUALIFICATIONS	<p>Programs may identify different prerequisites and requirements for enrollment in an internship/practicum course. Prior to completing this application, please review the course requirements in the university catalog. If you have any questions or concerns regarding the course requirements, please contact your academic advisor.</p> <p>Students who do not meet the requirements may petition for a policy exemption in order to participate in an internship/practicum. The student's academic advisor must review such a petition before being submitted to the Associate Dean of the College of Science, Technology, and Health.</p>

CSTH Internship/Practicum Application

Section II: Application Steps and Checklist

Identify an internship/practicum.

Your academic advisor, teaching faculty, and course instructor can all provide recommendations/guidance on potential internship/practicum. You can also identify an internship/practicum on your own, this application will need to be completed prior to enrolling in the course.

Prepare a professional resume (if necessary).

Some experiential learning opportunities require a professional resume. If you need support creating a professional resume, please contact your academic advisor and/or faculty mentor for assistance.

Complete the internship/practicum application (if applicable).

Some internship/practicum utilize a formal application process. This would be in addition to this application, and you should complete the university's application *after* you have been officially accepted for the internship/practicum.

Complete Section III of the CSTH Application.

Complete Section IV of the CSTH Application.

This section will be completed by the student and the internship/practicum site supervisor.

You must provide a thorough description of the practicum/internship, including all relevant responsibilities, duties, and learning objectives.

Submit the completed CSTH Application to your academic advisor.

Note to Academic Advisor

- Review the application (specifically Sections III and IV)
- Complete Section V
- Complete the Add Form (located on page 7) for enrollment in the course
- Send document to the Program Coordinator, Department Head, or other approved designee

Note to Program Coordinator, Department Head, or other approved designee

- Review the application (specifically Section IV)
- Enroll student in course via Anthology or Academic Services
- Notify course instructor, if necessary
- Update spreadsheet in shared Teams file

CSTH Internship/Practicum Application

Section III: Student and Course Information

(to be completed by student)

Student Name:	First Name	Last Name	Student ID:
Student Email:			Student Phone:
Major:	Minor/Emphasis:		

Name of Internship/Practicum Site/Employer:

Will you require Curricular Practical Training (CPT):	Yes	No	I do not know
Curricular Practical Training (CPT) allows international students with a F-1 student visa to gain work experience through employment training and paid internship/practicum programs directly related to your major area of study.			

	SP SEM	Year
Term	FA SEM	Course Prefix
	SU SEM	Course Number
		Section Number
		Course Name
		Credit Hours

CSTH Internship/Practicum Application

Section IV: Internship/Practicum Contract

(to be completed by student and internship/practicum site supervisor)

By way of the agreement,

(Name of Company/Organization)

agrees to accept

(First Name of Student)

(Last Name of Student)

in an internship/practicum program. By signing this agreement, the

student acknowledges that he/she is aware of their responsibilities and the commitment being made by the company/agency.

Time Requirement: The student will complete an average of hrs/week from to .

Compensation: The student will be compensated. YES NO

Rate (if applicable) \$

Per
Hour

Per
Week

Per
Month

Internship Description: An academic internship is a temporary work experience in the student's discipline that contains sufficient academic content and rigor to merit the granting of academic credit. Please identify the specific responsibilities, expectations, and learning goals associated with this practicum/internship.

Name of Site/Organization:

Site Address:

Name of Site Supervisor:

Supervisor Job Title:

Phone Number:

Email

Student Signature

Date

Supervisor Signature

Date

CSTH Internship/Practicum Application

Section V: Approval Form

(to be completed by program/department)

Completed by Academic Advisor

1. Provide the information requested below.
2. If the application is complete and the student meets all the course requirements for enrollment, please sign this form, and complete the attached Add Form (page 7).
3. Send this application to the Program Coordinator, Department Head, or other approved designee for approval.

Student Grade Point Average (if applicable for enrollment in course)

Major GPA

Cumulative GPA

This will be the student's _____ internship/practicum.

First Second Third

This course will count as a: Major Elective Free Elective

Academic Advisor - Printed Name

Academic Advisor - Signature

Date

CSTH Internship/Practicum Application - Additional Notes

1. **Hour Requirements:** Based on the credit hours associated with the course, students are required to meet minimum contact hour requirements as shown below:
 - a. 1 Credit Hour = minimum of 50 contact hours
 - b. 2 Credit Hours = minimum of 100 contact hours
 - c. 3 Credit Hours = minimum of 150 contact hours
2. **Travel/Accommodations:** Students may identify internships/practicums on campus or off campus. Regardless of location, students are responsible for providing their own transportation to and from all internship/practicum sites. Additionally, students are fully responsible for all expenses related to transportation.
3. **Attendance:** Students are expected to follow the agreed upon schedule developed in conjunction with the internship/practicum site supervisor. Failure to report at a scheduled time and location (unless previously agreed upon) may result in dismissal and immediate termination of the internship/practicum contract.
4. **Course Requirements:** The student is responsible for ensuring all course requirements, including additional assignments and evaluations, are completed throughout the internship/practicum experience. Students must check the University's Learning Management System for updates, announcements, and assignments.
5. **Internship/Practicum Manual:** Some degree programs utilize a program-specific internship/practicum manual that provides additional guidelines, policies, and requirements. Students should review their manual prior to completing this application.
6. **Participation:** The chosen internship/practicum should relate to the student's academic background and offer opportunities to develop the student's skills. The activities assigned to the student are at the discretion of the site supervisor. Specific goals should be discussed and agreed upon prior to the start of the internship/practicum.
7. **Liability:** The student and site supervisor understand and agree that Lindenwood University assumes no liability with respect to the student's duties in the internship/practicum. The student and internship/practicum supervisor agree that if the student is injured during the course of the internship/practicum, the student will not seek compensation for such injury from the university, irrespective of whether or not the student is considered a volunteer or an employee of the company/agency. Additionally, when agreeing to host a Lindenwood student, the internship/practicum site and supervisor understand and agree that the University claims no liability for the actions of the student during their internship/practicum.
8. **Reporting:** Any and all concerns regarding the internship/practicum experience should be immediately communicated to the course instructor. This includes concerns from the student, site supervisor, and other involved parties.
9. **Compensation:** This agreement in no way implies that the company/agency is obligated to pay the student for services rendered as part of the internship/practicum experience. If the organization wishes to pay the student for services provided as part of the experience, it is entirely at the discretion of the organization.
10. **Employment:** The primary purpose of an internship is educational, not financial. Students in the Department of Kinesiology may be permitted to use their place of employment as an internship site if it meets the one of the criteria listed below.
 - a. For new jobs (i.e., started position within the past 8 weeks), the student's role and responsibilities must be defined and clearly relevant to their major. This information should be included in Section IV.
 - b. For existing jobs (i.e., employed for longer than 8 weeks), the student must include a current job description and a list of new responsibilities and/or additional training that is clearly relevant to their major. This information should be included in Section IV.
11. **Student-Athlete Policy:** Student-athletes in the Department of Kinesiology (SLS & NCAA) are NOT allowed to complete practicum/internship course requirements with their athletic team.

Student ID

Today's Date

Last Name		First		MI	Maiden	Advisor Name	<div>Degree Pursuing</div> <div><input type="checkbox"/> BA<input type="checkbox"/> MAcc<input type="checkbox"/> BFA<input type="checkbox"/> MBA<input type="checkbox"/> BS<input type="checkbox"/> MFA<input type="checkbox"/> BSW<input type="checkbox"/> MHA<input type="checkbox"/> EdD<input type="checkbox"/> MPA<input type="checkbox"/> EdS<input type="checkbox"/> MME<input type="checkbox"/> MA<input type="checkbox"/> MS<input type="checkbox"/> Other: _____</div>	<div>Year</div> <div><input type="checkbox"/> Fall<input type="checkbox"/> Spring<input type="checkbox"/> Summer</div>	<div><input type="checkbox"/> Semester<input type="checkbox"/> Other _____</div>
Mailing Address		City		State	Zip	Program of Study/Major		Term total credits before this change _____	
Home Phone		Cell Phone		Work Phone		Employer		Term total credits after this change _____	
Email								<div><input type="checkbox"/> NCAA Athlete<input type="checkbox"/> Using VA Benefits</div>	

UNREGISTER					INSTRUCTOR	W:Drop prior to catalog deadline NA:Never Attended
Dept. <i>ABC</i>	Course No. <i>12345</i>	Sect. <i>.12</i>	Title <i>Intro to ABC</i>	Credit <i>3</i>	Signature	Grade <i>(Circle Choice)</i> W / NA
						W / NA
						W / NA
						W / NA
						W / NA
						W / NA
						W / NA

REGISTER					DEAN/ASSOCIATE DEAN/ASSISTANT DEAN APPROVAL	CHECK REASON
Dept. <i>ABC</i>	Course No. <i>12345</i>	Sect. <i>.12</i>	Title <i>Intro to ABC</i>	Credit <i>3</i>	Signature	
						Overload Override Preq Time Conflict
						Overload Override Preq Time Conflict
						Overload Override Preq Time Conflict

Student Signature _____ Date _____

If you have disabilities you wish to have taken into consideration regarding classroom accommodation, please contact the Student Support Accessibility Coordinator at 636-949-4510.

Advisor Signature & Date _____ (Print Name) _____ Date _____



NCAA Academic Staff Signature _____ Date _____

SPECIAL NOTE: Refunds for tuition, if any, are calculated on the date this form is completed and received in Academic Services. The official refund schedule is outlined in the current catalog. I am aware that I am no longer eligible to attend the class for the term stated and that all tuition and fees must be paid in full to be admitted to class of any subsequent terms. I authorize Lindenwood University to hold a credit balance on my account for allowable educationally related charges incurred within the current academic year. I understand that I may submit written notification to rescind this authorization at any time.

Student Signature _____ Date _____

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