

**INTERNSHIP APPLICATION**

Term: \_\_\_\_\_

**NOTE:** This is **NOT** a registration Form - You **MUST** register for this Internship during the appropriate registration period.

**INSTITUTIONS:** Complete this form and submit it to the Department Chairperson for approval and forwarding to the Dean's Office. Deadline dates for submission of this application can be found at [www.winona.edu/calendars](http://www.winona.edu/calendars). Students applying for an Independent Study must be fully matriculated with an established WSU GPA of 2.0 or higher.

**Undergraduates:** Internships may be approved only after completion of <sup>60</sup>~~34~~ credits. There is a limit of 12 internship credits per semester and 16 internship credits total which may apply toward a degree program. Exception: in cases where combined internship credits in a major and/or minor program combination will exceed 16 credits, a maximum of 21 credits may be applied toward graduation. A student applying for an Internship must be fully matriculated with an established WSU GPA of 2.0 or higher. Internships are P/NC only, with the exception that 3 credits of work related to courses may be taken for letter grade with the approval of the department chairperson and area dean. Consult your department for additional requirements.

**Graduates:** Consult your department about departmental conditions and limitations.

Name \_\_\_\_\_ Cumulative GPA \_\_\_\_\_  
Last First Middle

Warrior Tech ID# \_\_\_\_\_ Classification: (circle one)  
 Freshman Sophomore  
 Junior Senior Graduate

The following information (local & email addresses) are requested so that the Dean's office can forward the Course ID number to you to enable you to register for the course via the web:

(Please PRINT)

Local Address \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ Local Phone Number: \_\_\_\_\_

\_\_\_\_\_ Grade Type: \_\_\_\_\_ P/NC \_\_\_\_\_ Letter Grade  
Dept Name Course# Credits

Internship Title: I N T E R N: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Instructor's Tech ID #: \_\_\_\_\_

At which campus do you wish to register? \_\_\_\_\_ Winona \_\_\_\_\_ Rochester

Internship Agency/Site: \_\_\_\_\_

Address: \_\_\_\_\_

List all previous and/or pending internships: \_\_\_\_\_

Total internship credits earned and/or applied for (including this application): \_\_\_\_\_

**INSTRUCTOR:** Attach description of the Internship, outlining the student's responsibilities and the methods by which the internship will be supervised and evaluated.

\_\_\_\_\_  
 Student's Signature Date Chairperson's Signature Date Approve / Disapproved

\_\_\_\_\_  
 Instructor's Signature Date Dean's Signature Date Approve / Disapproved

\_\_\_\_\_  
 Graduate Director's Signature Date (if applicable) Approve / Disapproved

