

Request for External Academic Intern

PART A: (To be completed by Supervisor/Director requesting External Academic Intern)

Department that is requesting External Academic Intern: _____

Designated Site-Supervisor of External Academic Intern activities: _____

Designated Building/Office Location of External Academic Intern: _____

Name of External Academic Intern: _____

Phone # _____

Email: _____

Street Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Institution: _____

Major/Minor: _____

Dates of External Academic Internship (authorization may not be effective for more than one year):

Begin: _____ End: _____

Time periods when External Academic Internship activities will be performed (e.g., 9:00am -3:00 p.m. Mondays and Wednesdays): _____

Define the intern's work duties/responsibilities:

Description of External Academic Internship learning objectives and goals:

Please verify the External Academic Intern is:

Enrolled in a graduate or undergraduate degree program at a regionally-accredited college or university;

In "good academic standing" at their home institution;

Has a minimum CGPA and major/minor GPA of at least 2.0 at their home institution.

Form prepared by: _____ Signature _____

Phone: _____

PART B: (To be approved by the appropriate Vice President)

Please note the following:

- The External Academic Intern must not displace Millersville University employees, but works under the close supervision of existing employees.
- Millersville University students should receive preference for on-campus internship opportunities over students from other institutions.

Provost/Vice President _____

Date Signed _____

PART C: (Other Signatures)

The Career Center _____

Date Signed _____

Human Resources _____

Date Signed _____