



Internal Internship Experience Request Form

Faculty and staff must complete this form when requesting to sponsor an Internal Internship Experience. This form must be completed for all Internal Internship Experiences and aligns Florida Poly with NC-SARA.

Please note: Student Education Assistant (SEA), Federal Work Study, and/or student worker positions are not considered an Internal Internship Experience and cannot be used for completion of the required IDS 4941 (Professional Experience Internship) internship experience.

Internal Internship Experiences are approved by the Faculty Department Chair or Staff Member’s Supervisor and the Provost or designee.

FACULTY/STAFF NAME:

Has a student been tentatively identified for the proposed Internal Internship Experience?

Yes | No

If Yes, NAME OF STUDENT:

Step 1: Description of Proposed Internship

Briefly describe project and expected contribution from student

Step 2: Proposed Internal Internship Experience Learning Objectives

Proposed Learning Outcomes for Internal Internship Experience: (Upon completion of the internship, student will be able to... align with Bloom’s taxonomy)

1.



2. _____

3. _____

Step 3: Budget

Include a plan on the budget and proposed funding source for the Internal Internship Experience.

<u>Supplies Needed:</u>	
<u>Additional Resources Needed:</u>	
<u>Salary for Intern:</u>	
<u>Funding Source:</u>	

Step 4: Work Plan

On a separate sheet, include a plan showing the suggested hours, weekly periodic work deadlines or deliverables for Internship period required for the Internal Internship Experience.



Important Note

Please note, IDS 4941 (Professional Experience Internship) requires the student to complete 100 internship hours.

If the Internal Internship Experience is approved, and the Internal Internship Experience ends (for any reason), the faculty or staff member must close out the Internal Internship Experience by notifying the Provost's Office in writing of the reason for the Internal Internship Experience differing from the Work Plan. If the Internal Internship Experience is part of the IDS 4941 internship hour requirement, the faculty or staff member agrees to help the student locate another internship experience to complete their required internship hours.

FACULTY/STAFF SIGNATURE: _____

DATE: _____

Please submit this form to your (Faculty) Department Chair/Division Director or (Staff) Supervisor.

Department Chair/Division Director or Supervisor, please submit completed form to Melissa Vazquez, Director of Academic Affairs.

APPROVALS

FACULTY: Department Chair/Division Director | STAFF: Supervisor

Approved Denied Date: _____

Print Name _____

Signature _____

PROVOST, or Designee

Approved Denied Date: _____

Print Name _____

Signature _____