**Internship Application HIED 6/76492**

**Internship, Practicum, & Field Experience - Higher Education Administration & Student Personnel**

Date

Student’s Name

Student’s E-mail

In which term are you planning to do the internship?

Internship Site (Name of institution):

Office Name

On-Site Supervisor’s Name:

On-Site Supervisor’s Title:

On-Site Supervisor’s Phone #

On-Site Supervisor’s E-mail #

**I agree to supervise the above-named student in this internship according to the conditions identified in the Internship Manual.**

On-Site Supervisor’s Signature Date

***I agree to perform the agreed upon internship in the above named office according to the conditions identified in the Internship Manual.***

Student’s Signature Date

Please initially email the completed UNsigned application to the Internship Coordinator,

Dr. Judy Lightner-Noll at JLightn9@kent.edu prior to the semester of your internship.

Once the semester of your internship has begun, please upload to Canvas the completed SIGNED copy of the Application form as well as the SIGNED Internship Plan by the dates specified at the Internship course Canvas site.