

Student Name: _____
Last Name (PRINT)

_____ Name Student Goes By (PRINT)

INTERNSHIP ADVISEMENT CHECKLIST

(This form should be completed before the student is permitted to enroll in CHFD 5900)

Careful consideration must be given to how an internship experience fits into your undergraduate program of study and personal commitments. **Initial each item** after discussing it with your advisor. A **signed and dated** copy of this form must be submitted to Dr. Coleman in order for you to remain in CHFD 5900 (Preinternship Orientation).

Registering for CHFD 5900 (Preinternship Orientation)

1. _____ I understand that I must enroll in the Preinternship Orientation class for 1 credit hour 1 to 2 semesters prior to the semester when I plan to intern.
2. _____ I understand that my enrollment in CHFD 5900 is strictly for the purpose of entering into an internship. Students are not allowed to enroll in CHFD 5900 only to gain 1 credit hour.
3. _____ I understand that my cumulative GPA **must be 2.5 or higher during the semester in which I register** for the Preinternship Orientation Class (CHFD 5900). **As of the date shown on this form, my cumulative GPA is _____.**

Registering for CHFD 5910 (Internship)

4. _____ I understand that I must have completed 60 semester hours prior to beginning my internship.
5. _____ I understand that I must have completed **five CFD classes, in addition to** CHFD 2100, 2950 (or 2200) and CHFD 5900, with a grade of "C" or better **prior to** beginning my internship. This means that if I have taken both 2950 and 2200, I may include one of them below. However, I may not count both 2950 and 2200. List the five courses you have completed, or plan to complete, prior to beginning your internship. Please note that CHFD 2000 cannot count as one of your five courses.

<u>Course</u>	<u>Semester Course Taken</u>	<u>Grade</u>
CHFD _____	_____	_____
CHFD _____	_____	_____
CHFD _____	_____	_____
CHFD _____	_____	_____
CHFD _____	_____	_____

6. _____ My advisor and I have identified the number of internship credit hours that I will pursue. In order to graduate, I must take at least _____ credit hours of internship.

_____ I must indicate below the specific number of internship hours I will register for by the date specified by Dr. Coleman in CHFD 5900.

Translating Fall and Spring Semester Credit Hours into Clock Hours

- ▶ You will begin your internship on the first day of class and end on the last day of class.
_____ 6 semester hours = 16 clock hours/week for 15 weeks = 240 total clock hours
_____ 9 semester hours = 24 clock hours/week for 15 weeks = 360 total clock hours

____ 12 semester hours = 32 clock hours/week for 15 weeks = 480 total clock hours

Translating Summer Semester Credit Hours into Clock Hours

▶ You will begin your internship approximately one week following the end of spring semester and complete your internship by the last day of the extended summer semester. Typically, this means beginning your internship in mid-May and completing it in early August.

____ 6 Credit Hours: 20-22 clock hours per week for 11-12 weeks = 240-242 clock hours

____ 9 Credit Hours: 30-33 clock hours per week for 11-12 weeks = 360-363 clock hours

____ 12 Credit Hours: 40-44 clock hours per week for 11-12 weeks = 480-484 clock hours

7. _____ I understand that **ALL INTERNSHIP PLACEMENT QUESTIONS MUST WAIT UNTIL AFTER THE 5900 CLASS BEGINS. Answers to commonly asked questions about the placement process can be found at the end of this packet. Please bring any additional questions that you might have with you to 5900. Dr. Coleman will address them at that time.**

8. _____ I have **stapled** copies of the following forms to this application.
____ my Degree Audit Graduation Report
____ my Tentative Program of Study Form

My signature indicates that I have read, understood, and agreed to the above internship policies and practices.

Student's Signature

Date

Advisor's Signature

Date

THE STUDENT AND ADVISOR SHOULD MAKE COPIES OF THIS FORM FOR THEIR RECORDS.

(Original, 5/2/98; Revised, 9/07)

TENTATIVE PROGRAM OF STUDY FORM

Student (Print Name): _____

Current Class Standing (Circle One):

Third-Year Student

Fourth-Year Student

Fifth-Year Student

Complete this form with your advisor. List all the courses that you plan to take prior to graduating. Indicate the semester(s) you hope to intern.

Fall _____ (year)

Spring _____ (year)

Summer _____ (year)

Fall _____ (year)

Spring _____ (year)

Summer _____ (year)

Fall _____ (year)

Spring _____ (year)

Summer _____ (year)

Student's Signature
(Original: 3/01; Revised: 2/07)

Date

Advisor's Signature

Date