**HST 493 INTERNSHIPAPPLICATION**

**SUMMER 2016**

Internship CHECKLIST:

* Meet with academic advisor to request approval to pursue an internship and to consult with her about internships appropriate to your career goals.
* Secure an internship position (you may consult the list of opportunities on the department’s website or meet with the History Internship Coordinator to help identify internship opportunities).
* Complete the “Student Information” section of the Application Form.
* Ask the internship supervisor at your internship site to complete the “Internship Information” section.
* Submit the completed application form with a cover letter (stating career goals, reasons for seeking this internship, and your academic objectives for the internship), and a copy of your resume to the Internship Coordinator.
* The History Internship Coordinator must sign this completed form for you to be enrolled in HST 493.

**Student Information [Filled out by student]:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student PID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Address: Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR ADVISOR USE ONLY: Advisor Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HST 493 credits approved \_\_\_\_\_\_\_\_\_\_

Each credit is equivalent to 3 hours of weekly work for 15 weeks

Total credits completed to date \_\_\_\_\_\_\_\_\_\_

REQUIREMENT: Junior level standing by the end of the semester preceding the internship (at least 56 credits)

Cumulative GPA \_\_\_\_\_\_\_\_\_\_

REQUIREMENT: An overall GPA of at least 2.5.

**Acceptance of Policies and Requirements [Must be signed by student]:**

I understand and agree to the following:

1. I will adhere to all policies outlined in the “Internship Requirements & Responsibilities” section of the syllabus for HST 493.
2. I understand academic credit will be awarded:

* Based on satisfactory fulfillment of conditions identified in the syllabus, and
* Once all required forms have been submitted with the appropriate signatures.

1. The academic projects associated with the internship experience will be under the direction of the Internship Coordinator in the Department of History and will be structured to provide me with the opportunity to enhance my theoretical understanding of the internship work, to apply my knowledge gained through classroom education, and to acquire new concepts and skills. I will submit all academic assignments by the dates listed in the syllabus.
2. I certify that the information I have provided for this application is true and correct to the best of my knowledge. I understand that this information may be subject to verification and that I may be asked, at this time or at a later date, to present documentation that supports the information I have provided. I also understand that the Department of History and the History Internship Coordinator are relying on the accuracy of the information provided in this application in order to make a decision for internship approval. Any misrepresentation as to the information provided in this application is grounds for rejection of this application. Furthermore, if any misrepresentation of information is discovered after the internship has been approved, and approval would not have been granted if the correct information had been provided, the Department of History and the History Internship Coordinator reserve the right to assign the student a grade of “No Pass” for the course and to pursue appropriate disciplinary action.
3. I, a Michigan State University (MSU) student, in consideration of my being approved to participate in an internship sponsored in part by the MSU History internship program, and fully understanding and appreciating the risks of injury which may result from my travel and participation in this internship and accompanying activities, do hereby voluntarily and knowingly recognize, accept and assume this risk, and further I do for myself, my heirs, and personal representative hereby agree to defend, indemnify and hold harmless, release, and forever discharge MSU, its regents, officers, employees, and agents from and against any and all claims, liabilities, demands, personal injury, or death which may result from my travel to and from and participation in this internship.

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

**Internship Information [Completed by onsite internship supervisor]:**

Name of Organization/Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Organization/Company: Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note: interns are required to work 3 hours for each credit sought

Internship schedule (days, times): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Intern’s Responsibilities and Expectations of the Intern by the Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that this student is required to work a minimum of 50 hours during the semester. I understand that the History Internship Coordinator may request a site visit during the period of the internship. My signature indicates my consent to serve as the supervisor for this student and to evaluate the student at the end of the term.

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Evaluating Supervisor’s Signature Date

**Department of History Approval**

The signature below indicates that the student named in this application has been granted approval to participate in the political science internship program. If the application has been reviewed by the Department of History and a signature has not been obtained, either this application is incomplete or the application has been rejected.

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History Internship Coordinator’s Signature Date