Iowa State University
Internship Program Request/Approval Form

This form is used to authorize an internship or REU program for individuals aged 18 and over. The form must be completed and approved prior to offering any internship and is in effect unless there is a significant change in the program (e.g., in scope or risk level) that would require that a new form be initiated. After all signatures are received, please email a PDF of this form to Lori Sutton (lsutton1@iastate.edu) in the Office of the Senior Vice President and Provost. *If any participants are under the age of 18, please visit the Office of Risk Management and submit an Internship Registration via the Cy Check system.*

Name of Internship Program _____
Check if Program is a Research Experience for Undergraduates (REU) ☐

Department _____ College/Division _____

Intern Supervisor _____

Contact Phone _____ Contact Email _____

Will academic credit be offered? ☐ Yes ☐ No
Paid Internship? ☐ If yes, amount to be paid _____
Funding source _____
Unpaid Internship? ☐
Internship Start Date _____ Internship End Date _____
And/or Duration of Internship: ☐ Fall ☐ Spring ☐ Summer ☐ Other
Estimated number of Internships offered _____
Estimated Internship schedule or hours/week _____

Participants of the Program are: ☐ ISU students ☐ U.S. High School Students
☐ Non-ISU domestic students ☐ Non-ISU international students ☐ Other: _____

I. Brief Description of Program:

II. Learning Objectives for Internship:

a.

b.

c.

d.

III. Participant will be authorized to conduct the following research or project (describe expected activities and responsibilities):

IV. List of equipment to be operated by participants:

V. List of project hazards and standard protections and/or Training Required:

VI. Building / Room / Other Campus Locations or Off-campus Locations (including laboratory locations to which participant will be permitted access):

VII. Participant [check one]:

___ is permitted access to the laboratory/research or other project locations *in absence of other members of the project team*.

___ is **not** permitted access to the laboratory/research or other project locations *in absence of other members of the project team*.

Signatures:

_____

Faculty/Staff Supervisor **PRINT NAME AND TITLE**

_____ Date _____

Faculty/Staff Supervisor **SIGNATURE**

_____

Department Chair/Director **PRINT NAME AND TITLE**

_____ Date _____

Department Chair / Director **SIGNATURE**

_____

Dean / Vice President **PRINT NAME AND TITLE**

_____ Date _____

Dean / Vice President **SIGNATURE**

The next steps are to complete a Participation Agreement Form (PAF) for each individual participant. For paid internships, submit a request for payment via supplier invoice to finance_delivery@iastate.edu (attach the PAF, Conflict of Interest, W-9, and a payment schedule). Contact your Procurement and Expense Specialist for payment assistance. Information from Controller's Office. Workday KBA on Internship Process.