
INTERNSHIP VACANCY FORM

SPONSORING ORGANIZATION INFORMATION

Organization Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Website _____

Contact Name _____ Phone Number _____

Title _____ Email Address _____

Please explain the primary nature of the business: _____

INTERNSHIP INFORMATION

Position Title _____

What are the learning objectives for the intern for the duration of the internship opportunity?
(Be specific, a Faculty Advisor will review this in order to determine if academic credit will be applicable. Attach additional pages if necessary.)

1 _____

2 _____

3 _____

How will you monitor the student's progress and performance?
(i.e. weekly meetings, project review, performance evaluation, written reflection, etc. Attach additional pages if necessary.)

Time Commitment: hours per week _____ number of weeks _____ flexible committment

Compensation: per hour rate _____ stipend amount _____ no compensation

AREA OF STUDY

Please select the area(s) of study the selected Intern should have education/experience in.

- Any Major
- Accounting
- Architectural Technology
- Behavioral Science
- Building & Construction Management Technology
- Chemistry
- Civil Engineering Technology
- Communications
- Computer & Information Technology
- Construction & Engineering Management Technology
- Early Childhood Education
- Ecology
- Economics
- Electrical & Computer Engineering Technology
- Elementary Education
- English
- General Biology
- General Business
- General Engineering Technology
- Human Resource Management & Development
- Industrial Engineering Technology
- Industrial & Manufacturing Engineering Technology
- Information Systems & Technology
- Interdisciplinary Engineering Technology
- Liberal Studies
- Mechanical Engineering
- Mechanical Technology
- Microbiology
- Management
- Marketing
- Networking
- Nursing—BRN
- Nursing—RN
- Organizational Leadership & Supervision
- Psychology
- Secondary Education—Biology
- Secondary Education—Chemistry
- Secondary Education—Physical Science
- Secondary Education—Mathematics
- Social Work
- Sociology
- Other _____

ACADEMIC TERM

PNC Interns follow the academic calendar schedule. All students must register for the internship during the required registration periods. The following are approximate semester schedules. Please indicate which term(s) your organization would be willing to participate in.

- 2009 Spring Semester January 5, 2009 to May 1, 2009
- 2009 Summer I Semester May 11, 2009 to June 5, 2009
- 2009 Summer II Semester June 8, 2009 to July 31, 2009
- 2009 Fall Semester August 24, 2009 to December 11, 2009

How often do you anticipate utilizing PNC Interns?

- Only Spring Semesters
- Only Fall Semesters
- Only Summer Semesters
- Only Fall & Spring Semesters
- Every Semester
- Undetermined

Please Return To:

Office of Career Development
1401 S. US Hwy 421
LSF 28
Westville, IN 46391
Fax: (219) 785-5658
Email: careers@pnc.edu

OFFICE OF CAREER DEVELOPMENT

RISK FACTORS ACKNOWLEDGMENT

State below any specific risks associated with working at the job site.
(e.g. exposure to hazardous materials, aggressive and/or disturbed clients, potentially dangerous machinery, etc.)

I, _____, understand and accept the risks associated with this position, as stated above.
intern name

Employer Signature	Date	Intern Signature	Date
Employer Printed Name		Intern Printed Name	

STATEMENT OF LIABILITY LIMITS

Purdue University North Central does not assume liability for any injury or damages sustained by the student while working at the sponsoring organization. Further, there is no coverage by the University's insurance policies for any damages sustained by the sponsoring organization as a result of the Intern's conduct. All liability for injury and damages rests solely with the student.

Employer Signature	Date	Intern Signature	Date
Employer Printed Name		Intern Printed Name	

STATEMENT OF ACADEMIC INTEGRITY

I verify that this internship position represents a legitimate learning opportunity worthy of receiving academic credit through PNC.

PNC Faculty Advisor Signature	Date	Department
PNC Faculty Advisor Printed Name		Email address