

READ THIS FIRST: If you obtained your internship position through a SYNERGY listing, a proposal is not required. This form is for positions or employers with whom we have not worked with previously, or whom do not have a valid University Experiential Learning Agreement on file. Please provide accurate and complete information below to ensure the quickest turnaround for the approval process. Please contact Delia Cholakian at deliac@mail.fresnostate.edu with any questions.

STUDENT INFORMATION

Student Name: _____ **Student ID:** _____

Fresno State Email: _____@mail.fresnostate.edu

Graduation Date: _____ **Major/Option:** _____

Semester applying for internship credit: **Spring** **Summer** **Fall** **YEAR:** _____

SYNERGY Profile: ____ **Yes** ____ **No*** *If no please complete a SYNERGY profile before turning in this form.

COMPANY INFORMATION

Please note the following: In most cases a student may not count a current job for internship credit. A student may propose an experience at their present work place as long as it is a progressive, NEW learning experience in the area of study. The internship must be at least 150 hours over 10-15 weeks and must be supervised by someone who is an expert in the student's option. A student may not complete an internship under the supervision of a parent or other family member. We reserve the right to contact the proposed supervisor to verify information contained on this proposal.

Internship Site Agency/Organization Name: _____

Business Address: _____

Phone Number: _____ **Website:** _____

Proposed Internship Supervisor Name: _____

Title: _____ **E-mail:** _____

Have you or are you currently working for this company? ____ **Yes** ____ **No**

If yes, in what capacity: _____

PROPOSED INTERNSHIP POSITION INFORMATION

Type of Organization: For-Profit Non-Profit Government Other

Select One: Unpaid Internship ____ Paid Internship ____ Rate of Pay: _____

Hours per Week: _____ **Proposed Start Date:** _____ **Proposed End Date:** _____

PROPOSED INTERNSHIP POSITION INFORMATION (CONTD)

Proposed Internship Job Title: _____

Detailed Proposed Position Description (attach job description if available and use additional pages if needed)

PROPOSED LEARNING GOALS-Each academic intern is required to set learning goals which will be a collaborative process that allows the student and supervisor to mutually benefit from the internship experience. Please fill out the following questions to outline what you hope to learn and the professional skills you would like to develop over the experience. Please use additional paper if necessary.

What do you hope to achieve by participating in this internship experience?

What specific knowledge and professional skills do you hope to gain from this proposed internship?

How will this internship relate to your academic major/option?

By signing this proposal you are indicating that the above information is true and fact. We reserve the right to decline the proposal if we discover any information that is not truthful or rightfully represented during the proposal approval process. We will additionally verify your academic records to ensure that you are eligible to enroll in the 191/195 course. Submission of this proposal does not guarantee an approval and/or eligibility to enroll.

Signature of Intern: _____ **Date:** _____

Please allow up to 2 weeks for processing. You will be contacted by email with the status of your proposal. Please contact Delia Cholakian at deliac@mail.fresnostate.edu with any questions.