

THE CENTER FOR CAREER AND PROFESSIONAL DEVELOPMENT

Student Internship Application

**PLEASE DOWNLOAD THIS FORM, COMPLETE IT, AND SAVE IT TO YOUR COMPUTER**

This completed application and the completed [Student Internship Agreement](#) must be emailed to [Career@Cabrini.edu](mailto:Career@Cabrini.edu)

Student Name: \_\_\_\_\_

Please copy and paste your internship job description in the space below

**Please be as descriptive as possible and include any projects you will be working on or work related to your major.**

Student Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cabrini Email: \_\_\_\_\_@cabrini.edu  
Local Address: \_\_\_\_\_  
Applying for an Internship in: \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer Year: \_\_\_\_\_

Requested Credits: **CREDIT HOURS MUST BE COMPLETED BY MAY 1ST**

\_\_\_\_ 2 credits (150 work hours) \_\_\_\_ 3 credits (225 work hours) \_\_\_\_ 4 credits (300 work hours)  
\_\_\_\_ 5 credits (375 work hours) \_\_\_\_ 6 credits (450 work hours)

Education Information:

Class Year: \_\_\_\_\_ (note: must be at least a Sophomore) Transfer Student (yes/no): \_\_\_\_\_  
Major: \_\_\_\_\_ Minor: \_\_\_\_\_  
Expected Graduation Date: \_\_\_\_\_

Employer Information:

Have you earned previous internship credit with this employer while a student at Cabrini? \_\_\_\_\_  
Have you notified your supervisor that you are seeking internship credit? \_\_\_\_\_  
Company/Organization Name: \_\_\_\_\_  
Company/Organization Address: \_\_\_\_\_  
Student Job Title: \_\_\_\_\_ Student Start Date: \_\_\_\_\_ Student End Date: \_\_\_\_\_  
Student Work Schedule: \_\_\_\_\_ Select Format: \_\_\_\_ Remote \_\_\_\_ Hybrid \_\_\_\_ In Person  
Student Hourly Pay Rate (Please write n/a if internship is unpaid): \_\_\_\_\_  
Supervisor Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Supervisor Phone (including Area Code and any extension): (\_\_\_\_\_) \_\_\_\_\_ ext: \_\_\_\_\_  
Supervisor E-mail: \_\_\_\_\_  
Did you find this position on Handshake? \_\_\_\_ If no, where did you find the position? \_\_\_\_\_

\*Please note that if you are considering starting your internship prior to the start of the semester, all required forms need to be completed and emailed to CCPD [career@cabrini.edu](mailto:career@cabrini.edu) prior to starting the internship.

**Communication, Health Science, Computer Information Science, and Visual + Performing Arts Majors ONLY :**

Advisor Name: \_\_\_\_\_ Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Advisor Typed Signature (if unable to electronically sign above): \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*To be completed by CCPD:**

Faculty Coordinator: \_\_\_\_\_

### Internship Supervisor Agreement:

*I have provided the Cabrini intern with a **job description** including location, qualifications, duties, work hours, and, if applicable, rate of compensation. I agree to meet with the student to develop and approve four professional Learning Objectives to identify what they will be learning throughout the semester. It is the student's responsibility to fill out the Learning Objective form, which must be signed by his or her work supervisor. These objectives must be fulfilled by the end of the semester.*

*I agree to monitor that the student will be able to work the hours required. I agree to send the Student Performance Employer Evaluation prior to the end of the semester, and to contact the Center for Career and Professional Development (CCPD) in the event of any problems regarding a student's conduct or performance during employment.*

*I agree to provide a safe working environment and work assignments that will add to the student's education.*

*Due to COVID-19, if the internship is to be on-site, the organization agrees to observe COVID-19 guidelines from the Centers for Disease Control (CDC), to include Personal Protective Equipment (PPE), along with any federal, state or local restrictions.*

*Does the organization have a contingency plan for an on-site internship if there is a change in company location or in the event of complications from the pandemic? Please check the appropriate box*

Yes ☐ No ☐ Will the internship be completed remote?

Yes ☐ No ☐ Will the intern be provided equipment, materials/software to complete required projects if a remote internship?

Yes ☐ No ☐ Will the internship then be terminated?

*Given these unprecedented times, mentoring and additional touch points are critical to intern's development. We kindly request you increase communications and check-ins with your intern to meet internship outcomes and the organization's goals.*

*Cabrini University is committed to the principle of equal employment and educational opportunity for all qualified persons and does not discriminate against faculty, staff or students in the operation of any of its programs and activities because of race, color, religion, sex, age (40 and above), national origin, disability, veteran status or marital or parental status.*

*Please contact Erin Gabriele, Director of the CCPD, immediately if the student is not able to meet the required number of hours, at 610-902-8304 or [eg574@cabrini.edu](mailto:eg574@cabrini.edu).*

Internship Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Internship Supervisor Typed Signature (if unable to electronically sign above): \_\_\_\_\_ Date: \_\_\_\_\_

### Student final checklist:

*Please review and check each line to verify that you have completed the following internship guidelines:*

\_\_\_\_ I have reviewed and completed **all sections** of this form.

\_\_\_\_ I have a 2.0 GPA or higher (some majors have a different GPA requirement)

\_\_\_\_ My internship is for academic credit and may include monetary compensation.

\_\_\_\_ My internship supervisor has **signed** this form.

\_\_\_\_ I understand that my **Learning Objectives** are due two weeks from the internship deadline date and need to be uploaded to **Cabrini Learn**.

\_\_\_\_ I understand that this is an **Online Course** and I will **check my e-mail and Cabrini Learn daily** for assignments and updates from my Faculty Coordinator.

\_\_\_\_ I will be punctual, professional, and professionally dressed. I will abide by my employer's hours, rules, and regulations. I will notify the CCPD and my employer immediately if I am unable to complete my internship.

\_\_\_\_ I will **upload this completed form** to Cabrini Learn and keep a copy.

\_\_\_\_ I understand that my internship hours **MUST BE COMPLETED BY MAY 1, 2024.**

### Student Agreement:

*I understand that the CCPD will contact my employer to verify employment, explain requirements of the program, and determine their willingness to participate in the internship program. I agree to remain a registered student, subject to all the rules and regulations of the Cabrini University and the Center for Career and Professional Development.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Typed Signature (if unable to electronically sign above): \_\_\_\_\_ Date: \_\_\_\_\_