INTERNSHIP GUIDELINES & REQUEST FORM INSTRUCTIONS

Generally, in order to get the greatest amount of value out of your internship, you should take it as near the completion of your program of studies as possible. Also, you should have completed the core/required courses, or at least be taking them during the same semester you will be completing your internship. For those of you who wish an internship in public services, you will need LS 507 and at least one other public services-related course. For those who wish to have an internship in cataloging, you will need to have completed LS 506. There may be other instances where specific pre/co-requisites will be required so that you get the most out of your experience and your site supervisor can start you at a higher level of professional responsibility.

All internships, except LS 572, School Libraries, require a minimum of 150 clock hours at the internship site; LS 572 requires 300 clock hours, with a minimum of 100 at the elementary level and 100 at the secondary level. Your internship should be treated like a job, not just another course. You should check with your site supervisor about the appropriate attire. Also as is the case with a job, you are to notify your site supervisor in advance if you are going to have to miss work for any reason.

The internship request form is designed to help gather relevant information to aid in placing you in your internship. Please type the required information on the form and return it to your advisor as soon as possible. Please note your reasons for taking the internship and what you specifically would like to learn or accomplish. In both cases, be as specific as possible so your site supervisor and your internship coordinator can plan the appropriate activities. For example, if you wish to do an internship in cataloging, you might indicate that you wish to gain OCLC experience doing both original and copy cataloging and that you would like to concentrate on non-book materials. Please note that the form requires the signatures of both the faculty advisor and the internship coordinator (the faculty member who actually arranges the internship).

You should list the courses you have taken, are currently taking, and plan to take during the semester of your internship on the form. Don’t forget to list courses transferred from another department or institution. The information that you provide will help match your skills (courses) with the appropriate internship. This information will not be sent to the site supervisor.
REQUEST FOR INTERNSHIP FORM

Students requesting internships must fill out this form and get approval from their advisor and the faculty member coordinating the internship. The faculty coordinator must give a copy of the approved form to the SLIS office. The SLIS office staff will issue a permit and the student must then register by adding the class using the CRN#.

Name: ___________________________ Campus-Wide ID: ___________________________

Student Address: ________________________________________________________________

Student Telephone Number Local: _______________ ___ Permanent: ______________________

Student Status: ___ In-State ___ Out-of-State ___Gadsden ___DE ___Other (check one)

Student email address: __________________________________________________________

Semester and Year of Desired Internship: __________________________________________

Hours of Credit and Agency Contact Hours: (check one)

  ___ 3 credits/150 hrs. for LS 570
  ___ 3 credits/300 hrs. for LS 572 (School Media Only)
     minimum 100 hrs./elementary and minimum 100 hrs./secondary

1. Please state your reason(s) for wanting to undertake this internship.

2. What specifically do you want to learn from this internship? You may cite the skills you would like to either gain or polish, the type of experiences or activities you would like to take part in, etc.

List courses completed in LS Program (including transfers):

_________________________________ ____________________ _______________________
_________________________________ ____________________ _______________________
_________________________________ ____________________ _______________________

Student Signature/Date

Student’s Faculty Advisor Signature/Date

SLIS FACULTY Internship Coordinator’s Signature/Date

SLIS FACULTY Internship Coordinator fills in section below (not site supervisor)

Name of Internship Agency: ______________________________________________________

Internship Agency Supervisor: __________________________________________________

Internship Agency Address: ___________________________ Phone: ____________________

E-Mail: ___________________________