

Indiana University Kokomo
2300 S. Washington St.
P.O. Box 9003
Kokomo, IN 46904-9003

Office of Career Services

Phone (765) 455-9301

Fax (765) 455-9537

INTERNSHIP PROPOSAL FORM

Date _____ Deadline to apply _____

Title/Type of Internship _____

Organization Name _____

Address _____

City _____ State _____ Zip _____

Contact Person _____ Phone () _____

Title _____ Fax () _____

E-mail _____

of Internships Available: _____ Fall (Aug. - Dec.) _____ Spring (Jan. - May) _____ Summer (June- July)

1. Purpose of organization/agency/corporation:

2. Project or role of intern (including specific activities and/or tasks):

3. Required/preferred coursework and/or major(s):

4. Scheduling: Most interns are required to complete 120 hours on site for a three (3) credit internship. This translates into working 8-10 hours per week for a three-credit internship during the Fall, Spring or Summer sessions.

Minimum number of hours per week _____

Preferred days/times _____

5. Compensation: ___ Unpaid ___ Hourly wage (Rate _____) ___ Transportation reimbursement
___ Stipend: (\$ _____) ___ Negotiable ___ Other _____

The Office of Career Services will forward résumés of students meeting the requested criteria for review and consideration by the organization.

Please return the completed form to:

Tracy Springer, Office of Career Services
Indiana University Kokomo
P.O. Box 9003
Kokomo, IN 46904-9003