IUP **Indiana University of Pennsylvania**
Department of Mathematical and Computer Sciences

APPLICATION FOR INTERNSHIP CANDIDATE

Name: _____   _____   Major: _____
      Last   *First*

Banner ID: @ _____   Email: _____   @iup.edu

Academic Data   Credits
                      Earned   GPA

    Overall   _____   _____

    COSC Major   _____   _____

    COSC 310:   Grade _____   Semester Taken _____

Semester Applying for (check all that apply)

__   Summer only   __   Summer-Fall   __   Spring-Summer

Number of Credits (check all that apply)

__   3   __   6   __   12   __   Unsure

Will you be petitioning to substitute COSC 493 for COSC 473?

__   Yes   __   No   __   Unsure

By submitting this application, (1) you acknowledge that you have read and agree to abide by the Internship Handbook, and (2) you understand that approval of internship candidacy does not guarantee an internship position.

Department Use Only

__   Approved   __   Not Approved   Date _____

Once approved, the student will receive an email message, and copies of the petition will be forwarded to the student's adviser and the department office.

Send the completed form to Dr. Fries at tfries@iup.edu