

ITAP On-Campus Internship 2018–2019

Position Acceptance Form

This section to be completed by student (please print):

Student name: _____ Graduation year: _____

UB box / living unit: _____ Cell phone #: _____

Will you be on leave from ITAP during the academic year 2018–2019 (e.g., R.A., Fall Admission Counselor, off-campus internship, study abroad, etc.)? ____ If yes, which semester(s) will you be off campus? _____

Reason for leave (e.g., internship, study abroad, RA, Mentor, etc.): _____

Information relating to your request for leave of absence: (University/company; city/state; country, etc.):

Internship begins August 2018 and ends May 2019 unless otherwise stated above.

This section to be completed by host (please print):

Host / Primary Supervisor: _____

Host campus address: _____

Secondary Supervisor: _____

Host department: _____ Host campus phone #: _____

Internship position title: _____

By signing this contract, both parties agree that the student named above has been offered, and has accepted, the ITAP internship position named above. Both parties also agree to comply with the policies and procedures as set forth by the ITAP administration, and to act in accordance with the learning objectives and goals of the ITAP program in order to provide a successful and rewarding experience for both parties.

Reminder: *ITAP interns may not hold another paid position on campus during the academic year. If you have any questions regarding a potential conflict, please consult Brandy Richmond (brandyrichmond@depauw.edu).*

Student's Signature

Date

Host's Signature

Date

— Please return signed copy to Brandy Richmond, ITAP Assistant Director, Julian 136 —