

**Iowa State University**  
**Internship Program Request/Approval Form**

*This form is used to authorize an internship or REU program for individuals aged 18 and over\*. The form must be completed and approved prior to offering any internship and is in effect unless there is a significant change in the program (e.g., in scope or risk level) that would require that a new form be initiated. After all signatures are received, please email a PDF of this form to Lori Sutton (lsutton1@iastate.edu) in the Office of the Senior Vice President and Provost. \*If any participants are under the age of 18, please visit the [Office of Risk Management](#) and submit an [Internship Registration](#) via the Cy Check system.*

Name of Internship Program \_\_\_\_\_

Check if Program is a Research Experience for Undergraduates (REU)

Department \_\_\_\_\_ College/Division \_\_\_\_\_

Intern Supervisor \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Email \_\_\_\_\_

Will academic credit be offered?  Yes  No

Paid Internship?  If yes, amount to be paid \_\_\_\_\_

Funding source \_\_\_\_\_

Unpaid Internship?

Internship Start Date \_\_\_\_\_ Internship End Date \_\_\_\_\_

And/or Duration of Internship:  Fall  Spring  Summer  Other

Estimated number of Internships offered \_\_\_\_\_

Estimated Internship schedule or hours/week \_\_\_\_\_

Participants of the Program are:  ISU students  U.S. High School Students  
 Non-ISU domestic students  Non-ISU international students  Other: \_\_\_\_\_

I. Brief Description of Program:

II. Learning Objectives for Internship:

a.

b.

c.

d.

III. Participant will be authorized to conduct the following research or project (describe expected activities and responsibilities):

IV. List of equipment to be operated by participants:

V. List of project hazards and standard protections and/or Training Required:

VI. Building / Room / Other Campus Locations or Off-campus Locations (including laboratory locations to which participant will be permitted access):

VII. Participant [check one]:

\_\_\_ is permitted access to the laboratory/research or other project locations *in absence of other members of the project team.*

\_\_\_ is **not** permitted access to the laboratory/research or other project locations *in absence of other members of the project team.*

Signatures:

\_\_\_\_\_  
Faculty/Staff Supervisor                      **PRINT NAME AND TITLE**

\_\_\_\_\_  
Faculty/Staff Supervisor                      **SIGNATURE**                      Date \_\_\_\_\_

\_\_\_\_\_  
Department Chair/Director                      **PRINT NAME AND TITLE**

\_\_\_\_\_  
Department Chair / Director                      **SIGNATURE**                      Date \_\_\_\_\_

\_\_\_\_\_  
Dean / Vice President                      **PRINT NAME AND TITLE**

\_\_\_\_\_  
Dean / Vice President                      **SIGNATURE**                      Date \_\_\_\_\_

*The next steps are to complete a Participation Agreement Form (PAF) for each individual participant. For paid internships, submit a request for payment via supplier invoice to [finance\\_delivery@iastate.edu](mailto:finance_delivery@iastate.edu) (attach the PAF, Conflict of Interest, W-9, and a payment schedule). Contact your Procurement and Expense Specialist for payment assistance. [Information from Controller's Office. Workday KBA on Internship Process.](#)*