Internship Guidelines & Application (IAFF 3195 - Zero Credit)

IAFF 3195 - Zero Credit Eligibility Requirements

- Elliott School undergraduate
- 24 credit hours or more completed in residence at GW
- 2.5 cumulative GPA or higher
- No more than one incomplete on the transcript

Application Materials

Students must submit these two documents to Academic Advising and Student Services by the appropriate deadline. Partial or incomplete applications will not be accepted.

1. Internship Application (attached)
2. Registration Transaction Form (attached)

Application Deadlines

<table>
<thead>
<tr>
<th>Semester</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>Summer 2015</td>
<td>Friday, June 3, 2016, 5:00 pm</td>
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<tr>
<td>Fall 2015</td>
<td>Friday, September 9, 2016, 5:00 pm</td>
</tr>
<tr>
<td>Spring 2016</td>
<td>Friday, January 27, 2017, 5:00 pm</td>
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Grading

IAFF 3195 - Zero Credit is graded Pass/No Pass. The final grade is contingent upon the timely receipt of these two documents by the Elliott School internship coordinator by the evaluation deadline (see next section):

- 1. The student's evaluation form
- 2. The internship supervisor's final evaluation form

The Student's evaluation form will be emailed to the student shortly before the end of the semester. Likewise, the supervisor's evaluation form will be emailed directly to the internship supervisor shortly before the end of the semester. It is the student's responsibility to ensure both evaluations are submitted by the appropriate deadline.

Final Evaluations Due

<table>
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<tr>
<th>Semester</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>Summer 2015</td>
<td>Friday, August 19, 2016, 5:00 pm</td>
</tr>
<tr>
<td>Fall 2015</td>
<td>Friday, December 16, 2016, 5:00 pm</td>
</tr>
<tr>
<td>Spring 2016</td>
<td>Friday, May 12, 2017, 5:00 pm</td>
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Internship Application (IAFF 3195 - Zero Credit)

Name: ____________________________
GW Email: ____________________________@gwmail.gwu.edu
GWid: ____________________________
Phone: ____________________________

Intended Semester: [ ] Fall [ ] Spring [ ] Summer
(Select One)

Intended Year: _______

Student Class Status: ____________________________
Degree Program: ____________________________

Completed Credits: ____________________________
Current Cum. GPA: ____________________________

Internship Organization: ____________________________
Address: ____________________________

Supervisor's Name: ____________________________
Supervisor's Phone: ____________________________
Supervisor's Email: ____________________________

Starting Date: ____________________________
Ending Date: ____________________________

Number of Hours per Week: _______

Brief description of the internship and specific responsibilities:

Student/Supervisor's Agreement:

I, the student, certify that I have read the Zero-credit internship guidelines and agree to the terms detailed in this form.

Student's Signature ____________________________ Date _______

I, the supervisor, certify that the above named student is working as an intern in my office/organization. I agree to complete an evaluation form, which will be sent directly to me by the Internship Coordinator, at the conclusion of the internship. Also, I agree to the terms detailed in this form.

Supervisor's Signature ____________________________ Date _______

Office Use Only

Internship Coordinator's Signature ____________________________ Date _______