

Oklahoma State University Institute of Technology - Okmulgee

On-Campus Student Internship Application (Should be submitted in place of Request for Change in Staff Form)

Date Submitted	
Student Intern Name:	
Student Address:	
CWID or SSN:	
Internship Begin Date:	
Internship End Date:	
On-Campus Internship Department:	
Department Code:	
On-Campus Internship Supervisor:	
Student Intern Faculty Coordinator:	
Rate/Hour:	
I/We certify that the above student internship and recommended placement meets OSU Institute of Technology - Okmulgee's Internship guidelines.	
Internship Supervisor:	
Faculty Coordinator	
Division Approval	
Vice President of Fiscal Services	



Date Signed	
Date Signed	
Date Approved	

NOTE: Intern Should Contact Human Resources Regarding Payroll Sign-Up 293-5242.

Recommended Pay:

Credit Hours:	
Contact Hours:	
Rate/Hour:	

Total Internship	
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Comments:
