



FINANCED INTERNSHIP
TRAINING AT RWU

Department/Employer Application

Submitted by: _____ Date: _____

Email: _____ Phone: _____

Department: _____ Company or School: _____

Job Title: _____

Please describe (briefly) the student's role each year reflecting increasing responsibility:

Year 1

Responsibility/Function



FINANCED INTERNSHIP
TRAINING AT RWU

Department/Employer Application

Year 2

Responsibility/Function



FINANCED INTERNSHIP
TRAINING AT RWU

Department/Employer Application

Year 3

Responsibility/Function



FINANCED INTERNSHIP
TRAINING AT RWU

Please describe how this role will support the student's academic progress/experience:

Please provide your department's student wages GL number to which this student's employment will be charged **if overage occurs:**

(Note: Of importance, each FIT student applicant must be work-study eligible. The student's work-study award is converted into FIT dollars. Thus, your department will only be charged if you go over the allocated \$3,000 annual award.)



FINANCED INTERNSHIP
TRAINING AT RWU

Department/Employer Application

Your signature indicates your agreement with the following:

- That the department or employer is prepared to provide consistent and strong mentoring for individual students and is committed to a supervisor's role as mentor and manager
- There is a clear plan for how the role will progress over the three years while maintaining ties to the student's academic experience
- The employment role has clear ties to academics and, if not inherently academic, is approved by a faculty member
- The department agrees to monitor the students' allocated award and not exceed the allocation; any student earning over their award will be charged to the supervisor's department budget
- The department will adhere to all student employment guidelines
- The student must work a minimum of 5 hours per week; however, **no more than 20 hours per week during the academic year**

Submitted by:

Signature	Name (Please Print)	Title	Date
-----------	---------------------	-------	------

Faculty member signature, if an academic department:

Signature	Name (Please Print)	Title	Date
-----------	---------------------	-------	------

Approval by Department Chair/Department Head or Supervisor:

Signature	Name (Please Print)	Title	Date
-----------	---------------------	-------	------