

STUDENT INTERNSHIP REQUEST FORM



An internship can provide a unique and rich experience for students in meeting their academic and career goals. Please use this form to request an internship from Kansas State University faculty and/or staff to assist in your goals.

Internship requests are dependent on the availability of faculty, staff, and industry partners. All requests will be reviewed and you will be notified of the status (approved or denied) of your request in a timely manner. Internships are an unpaid position, and may be terminated if objectives agreed upon by the staff are not being achieved. There are four requirements that must be satisfied before an internship may commence. The student must:

1. Be enrolled in grades 9-12 and reside in Johnson County.
2. Fill out an application.
3. Participate in an interview.
4. Fill out a Consent/Waiver Form to participate in this opportunity (last 2 pages of this document).

Instructions: After completing all information, either scan this document and attach it to an e-mail, or mail your completed document to:

Martha Nowak, M.Ed.
K-12 Engagement Coordinator
Kansas State University Olathe
22201 W. Innovation Drive
Olathe, KS 66061
msnowak@ksu.edu

main: (913)541-1220
direct: (913)307-7321

Student Information

Last Name _____

First Name _____

Address _____

City _____

State _____

Zip _____

School _____

School District _____

Grade Level _____

Age _____

Phone Number _____

E-mail _____

For which area of internship are you applying at K-State Olathe? (Please choose one)

Food Science Food Safety Animal Health Sensory Studies Bio-Agriculture
Urban Food Systems Horticulture

General Teacher/Parent/Guardian Information

A teacher, parent, and/or legal guardian information is required in order to participate in this opportunity.

Relationship to student _____

Salutation _____

Last Name _____

First Name _____

School/ Business _____

Program / Dept. _____

(In case of emergency) Phone Number _____

E-mail _____

Internship Needs

Please be as specific as you can when answering this section of the request form. If you are requesting a specific person, also include their name below.

What are the two main things you hope to gain from this internship experience?

1. _____

Primary Phone _____ Alternate Phone _____

E-mail address: _____

In Case of Emergency

Last Name First Name Relation to Participant

Primary Phone _____ Alternate phone _____

Please read and initial each of the following statements, and sign below:

_____ I understand that K-State assumes no liability for injury or damages arising from the result of participation unless due to willful fault or gross negligence on the part of K-State.

_____ I give my permission to allow K-State to share my contact information with other programs on the K-State campus that offer a variety of opportunities for educators.

The Undersigned does hereby give consent to the reproduction of the participant image, by means of digital or magnetic audio/video recording, or still or motion photography. I understand that the use of the image will be primarily for the promotion of academic and service programs available through Kansas State University or its agents or associates. I hereby consent to the reproduction of participant image and likeness on the web-site of K-State Olathe, which are accessible via the internet. This consent shall be a continuing consent with no limitations or reservations, except those stated herein.

The Undersigned and participant understand all rules and guidelines.

Signature of Participant

Date

