



**Portland State University Institute on Aging
Graduate Certificate in Gerontology**

**Experiential Learning Application
Internships & Research Projects**

Student's Name: _____ PSU ID: _____

Address: _____

City, State, Zip: _____

Phone numbers: (home or cell) _____ (work) _____

PSU Email: _____ Personal Email: _____

Site Supervisor and Site Information

Supervisor Name and Title: _____

Phone number: _____ Fax: _____

Email: _____

Agency Name: _____

Address: _____

City, State, Zip: _____

Will financial compensation be included for the internship? Yes No

Term to begin internship*: _____

* Students are expected to devote a **minimum** of 80 contact hours (generally 8 hours per week for 10 weeks) of work time at the site for the 1 - 3 credit hours of academic credit. This does not include additional time outside of the time at the site which may be necessary to complete the requirements.

Career Objectives (Briefly describe your anticipated career, such as hospice social worker, administrator of an assisted living facility, director of activities)

Expected Work/Activities for the Internship or Research Project (Describe the activities in which you expect to engage as a part of the internship or research)

Requirements/Conditions (Briefly describe the experience and skills required for this experience, then explain how your background meets these needs. Also list any special requirements (e.g., a signed contract or Memo of Understanding with PSU; any required insurance or travel)

Learning Objectives (Outline the specific learning objectives of your proposed internship or research project and explain how will meet these objectives. State your objectives in terms of knowledge, skills and competencies that will be developed or enhanced during the experience. Be as explicit as you can; you will use these objectives, along with field notes, as the basis for reflecting on your learning and accomplishments in your final paper)

Final Product(s) and Expected Date of Submission (Describe the anticipated final product(s) of the experience, the audience for whom the product(s) will be prepared, and the expected date of completion)

Please attach a current resume following the next page for signatures.

Student:

_____ Date: _____
(Name - Print) (Signature)

Field Supervisor:

_____ Date: _____
(Name - Print) (Signature)

IOA Director or IOA Program Advisor/Faculty:

_____ Date: _____
(Name - Print) (Signature)