

BYUH Post-Graduate Internship Request

Complete form and initiate approval process by submitting to Human Resources. After initial review, it will be route to the AVP (academic relevance) and ISS (if candidate is international) for approvals.

Candidate Information	Name: _____		BYUH ID #: _____	
	Field of Study(Major/Minor): _____		Graduation Date: _____	
	Residence Status Domestic <input type="checkbox"/> International <input type="checkbox"/>			
Internship Provider	Department: _____		Department Manager: _____	
	Supervisor/Mentor: _____		Supervisor address: _____	
	Do you already have adequate budget to pay for this position? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Compensation Account _____			
Internship Information	Position Title: _____			
	Primary Duties: _____ _____			
	Length (One year or less)			
	Start Date: _____		End Date: _____	
	Requested Wage: _____		Requested Hours/week (Max 30-30-30-19): _____	
	Person Replacing (if applicable): _____			
	Job Location: _____			
Internship/Academic Justification (please keep response brief)				
How is the internship an application and extension of the Field of Study (or preparation for Career Goals)? 				

Learning Outcomes (no more than 3):
Why is this internship needed at BYUH? How will it benefit BYUH?
Students have priority for campus jobs. Why can't this position be filled by a student?
If applicable, list any other relevant information.

Requestor Signature/Date	Approvals/Date
_____ / _____	HR _____ / _____
	AVP _____ / _____
	ISS _____ / _____