Interest Form

Faculty name: __________________________________________ Ball State ID: _________

Last, First M

Departmental Information

Department: __________________________________________ Email: _________________

Office Location: _________________________________ Extension: _____________

Research Interests: __________________________________________________________

Subject(s) You Teach*

Course No.: _________ Course Name: __________________________________________________

Course No.: _________ Course Name: __________________________________________________

Course No.: _________ Course Name: __________________________________________________

Course No.: _________ Course Name: __________________________________________________

Externship Site Preferences**

Externship Employer (first choice): ________________________________________________

Externship Employer (additional choices, if any): ______________________________________

Preferred Industry Type(s):

Desired Dates***: ____________________ Preferred Travel Distance***: ____________________

*Please disclose any/all summer course loads or projects, as payment is made in accordance with the maximums outlined in the Supplemental Compensation Policy.

**Externship employer preferences are taken into consideration but not guaranteed with approval of the summer externship placement.

***Leave blank if none.
Questions

Why would you like to participate in this program?

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

Indicate your vision for infusing your externship experience into your classes and/or scholarship.

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

Please Note

Approved applicants are required to deliver a presentation to their department on a specific date in the fall semester. The date of the presentation will be determined and confirmed by the department before completion of the externship.

Applicant’s Signature: ___________________________________________ Date: __________

Department Chair’s Signature: ________________________________ Date: __________

Dean’s Signature: ___________________________________________ Date: __________

☐ Attach current curriculum vitae to application. ☐ Awarded ☐ Not Awarded