



Interest Form

Faculty name: _____
Last, First M

Ball State ID: _____

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