



Academic Affairs  
Request for Approval: Off-Campus Internships, Clinicals, Research,  
or Similar Experiences  
Fall 2020/Spring 2021

**Which experiences must be approved?**

Until further notice, all *in-person*, off-campus experiences must be approved in advance. This includes internships (earning academic credit), clinicals, research activities, professional activities or similar experiences.

**Who must approve events?**

- All events and activities require:  
Review and approval by the Dean.
- Registration and final approval by the Provost.

**What is the approval process?**

**Step 1:** The activity/event organizer completes attached form for review, signature, and approval by the Dean.

**Step 2:** Dean review must include

- **Alignment with criteria appropriate to the stage** (Stage 1: Mission and Timing Critical, Stage 2: Mission Consistent and Timing Sensitive)
- **Assessment of** health and safety plan
- **Alignment with** College priorities, and
- **Alignment** with guidance for stages (assessment matrix and timing considerations).

**Step 3:** Dean reviews and either denies or approves for registration and Provost approval of activity to [ConnectedCampus@tcu.edu](mailto:ConnectedCampus@tcu.edu).

**Step 4:** Provost Office registers approved activities and confirms final approval with Dean.

**Step 5:** Dean retains documentation including participant list and health and safety plan.

**Does each activity require a health and safety plan?**

The activity review and approval process requires the Dean to assess multiple risk factors associated with the activity in making a determination. Therefore, each proposal should include a health and safety plan. The standard health and safety plan can be adapted to a variety of classroom-type settings. Please contact Sandy Callaghan ([s.callaghan@tcu.edu](mailto:s.callaghan@tcu.edu)) if an activity structure is more complex and requires additional review by Campus Emergency Management (Sean Taylor).

**Academic Affairs Request for Approval:  
Off-Campus Internships, Clinicals, Research, or Similar In-Person Experiences**

This request is for:						
In Person Internship (for academic credit)		Research/Creative Activity – Off Campus		Community/ Professional Engagement		Other: identify below
Other:						

This activity is schedule during:						
Stage 1: Through 11/24		Stage 2: 11/24 – 1/18		Stage 3: 1/19 – 1/31		Stage 4: 1/19 – 2/1

Does the request pertain to an individual placement or activity or an organized program?	Individual Placement		Program	
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Name of program or activity (as applicable)	
Description of program or activity (as applicable)	

**Participant:** *(Please attach table if multiple students participating in a single program)*

Name:		Classification: (Faculty, Staff, Graduate Student, Undergraduate Student)	
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**Student Information:** *(Please attach table if multiple students participating in a single program)*

Student Major (corresponding to internship credit)	
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What is the identification/placement mechanism?				
Student Identified		TCU Identified		Other
If “TCU identified” describe how students were placed and selected. If “Other” please describe placement:				

Is the experience a necessary requirement of the student degree plan?	YES		NO	
Is it required for licensure, certification, and/or accreditation requirements?	YES		NO	

Please explain if “yes” is indicated for either of the above.

Is the timing of this experience flexible? Can it be delayed?	YES		NO	
Would a delay extend a student's semester or graduation?	YES		NO	
Please explain if "yes" is indicated for either of the above.				
Can this experience be carried out virtually? Please explain.	YES		NO	

**All Participants - Location and Logistical Information:**

Organization/Location:				
Dates of experience:	Start Date		End Date	
Anticipated responsibilities or activities:				

Describe how you will engage with others on-site: (ex: teaching students in classroom, interviewing to collect data, engaging with community, etc.)

Does participation in the activity require travel/transportation?	YES		NO	
If yes, please describe (private car alone or with others, air, overnight, hotel, etc.)				

Will any aspect of the activity be conducted outdoors?	YES		NO	
If yes, please describe				

Do any planned activities require physical contact or limit the ability for participants to maintain 6 ft physical distancing?	YES		NO	
If yes, please describe				

I request approval for this activity or event:

Name (printed)		Date	
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I have reviewed the activity proposal including the health and safety plan. I approve this activity, noting that this activity proposal:

- is mission critical and timing critical if approved for Stage 1.
- is consistent with the priorities of the College.
- adheres to current University and state and local guidance for health and safety and permitted activities.
- is consistent with the criteria and intention of the guidance provided for the staged return to increased activity in Academic Affairs.

*(Dean or Vice Provost/Associate Provost when there is no Dean in the reporting line):*

Name (printed)		Date	
Dean Signature <small>(You may use Adobe Sign)</small>			

Please provide any additional notes or caveats included in your approval:

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