Internship Approval Form

To receive credit in the College of Arts and Sciences, internships must provide an educational experience equivalent to a practicum in one of the departments represented in the College. Students must describe the educational experience on the Internship Approval form, commit to at least 50 hours work, and secure the approval of both the internship supervisor and the appropriate A&S department. Once approved, students should bring this form to the Associates Deans’ Office in Gasson 109 to complete a drop/add registration form.

Internships carry one credit and may be graded Pass/Fail only. Upon verification by the internship supervisor that the internship was successfully completed, a grade of P-pass will be recorded on the student’s transcript. Otherwise, a grade of F will be recorded. With the written approval of the internship supervisor, students may withdraw from the internship through the usual course withdrawal process, subject to the usual deadlines. In such cases a W will be recorded for the internship.

Student_______________________________________________ Eagle ID. No.______________________________
Major________________________________________________ Year_______________________________
Local Phone___________________________________________ E-mail______________________________

INTERNSHIP INFORMATION

Organization/Dept_____________________________________________________________________________
Position_________________________________________Hours/week____________Total Hours______________
Semester (circle one)   Fall   Spring   Summer   20____
Intern’s Responsibilities_________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
I agree to supervise the above named student in the internship described and provide a final evaluation upon completion.
Signature_____________________________________________________Date___________________________
Name________________________________________________________Title___________________________
Address______________________________________________________Phone__________________________

DEPARTMENT APPROVAL.

I approve the internship described as an appropriate practical educational experience within this department and assign it the course number____________
Department Representative____________________________________Date___________________________
Department________________________________________________________Phone________________________