LANDER UNIVERSITY

OFFICE OF THE REGISTRAR

INTERNSHIP APPLICATION & REGISTRATION FORM

Complete Section A, B and C then submit to the Registrar's Office. The form must be submitted NO LATER THAN the last day to add/register for classes. **Incomplete forms will be returned to the student for completion before processing.**

Section A. To be completed by the student...

PLEASE PRINT

Student's Name _____ Student ID _____

Student's Email _____ Student's Phone _____

Student's Address _____

Internship Semester ☐ Fall   ☐ Spring   ☐ Summer _____ (1, 2, 3 etc.)   Year _____

Classification ☐ Sophomore ☐ Junior ☐ Senior ☐ Second Degree ☐ Graduate

Hours to be earned: ☐ 3   ☐ 6   ☐ 9   ☐ Other (specify) _____

Course subject: _____   Course number: _____

Cumulative hours earned: _____   Cumulative GPA: _____   Major: _____

Section B. To be completed by the Faculty Sponsor...

(Upon completion of this section, the faculty sponsor is responsible for maintaining a copy of this form and assuring completion of section E)

Student's signature: _____

Faculty sponsor's name: _____   Faculty sponsor's signature: _____

Method of evaluation for assigning grade: _____

Number of contact hours to be spent in supervising internship: _____

(The Faculty Sponsor is responsible for monitoring the student's progress during the course of the Internship, evaluating any required written assignments and assigning the grade at the conclusion of the Internship.)

Section C. Additional signatures...

Advisor's Signature: _____   **Date:** _____

_____   **Date:** _____
Signature of Department Chair/Dean/Designee

Section D. To be completed by the Field Agency Supervisor (not required for registration) ...

Field Agency Name: _____   **Field Agency Phone:** _____

Field Agency Address: _____

Supervisor's Name: _____   **Supervisor's Signature:** _____

Internship Begin Date: _____   **Internship End Date:** _____

Description of Internship (attach additional pages if necessary): _____

_____

Number of hours per day, week, and months student will be working: _____

Method of evaluation: _____