



LANDER UNIVERSITY

# Internship Application and 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 E-Mail: \_\_\_\_\_ Student's phone: (\_\_\_\_) \_\_\_\_\_

Student's Address:

Street or Lander Box Number

City

State

Zip

Internship Semester:  Fall  Spring  Summer \_\_\_\_\_ (1, 2, 3 etc.) Year \_\_\_\_\_

Classification:  Sophomore  Junior  Senior  Second Degree (undergraduate)

Hours to be earned:  3  6  9  Other (specify) \_\_\_\_\_

Course Subject for Internship: \_\_\_\_\_ 490

Cumulative Hours Earned: \_\_\_\_\_ Cumulative Grade Point Ratio: \_\_\_\_\_ 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 the 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: \_\_\_\_\_

Department Chair's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Field Agency Supervisor's Name/Title: \_\_\_\_\_

Field Agency Supervisor's Signature: \_\_\_\_\_

Field Agency : \_\_\_\_\_  
Name Telephone Number

Mailing Address

City

State

Zip

Date Internship Begins: \_\_\_\_\_ Date Internship Ends: \_\_\_\_\_

Description of Internship (attach additional pages if necessary): \_\_\_\_\_

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

Method of evaluation: \_\_\_\_\_