



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...

Student's Signature: \_\_\_\_\_ Student's E-Mail: \_\_\_\_\_

*I understand that this course will be added to my schedule and that I am responsible for all fees and deadlines regarding this course.*

Student's Address: \_\_\_\_\_ Student's ID : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street or Lander Box Number

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Student's phone: (\_\_\_\_) \_\_\_\_\_

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) \_\_\_\_\_

Discipline of Internship: \_\_\_\_\_ 490

Campus: Main Campus or University Center (circle one)

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 name (please print) \_\_\_\_\_

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 Office of the Registrar...

DISC \_\_\_\_\_ NUM \_\_\_\_\_ SEC \_\_\_\_\_ Semester/Session and Year \_\_\_\_\_ Date \_\_\_\_\_

## Section E. 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: \_\_\_\_\_