

## 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 Phone Student's Email \_\_\_ Student's Address Summer \_\_\_\_\_ (1, 2, 3 etc.) Year \_\_\_\_\_ | | Fall Internship Semester Spring Senior Second Degree Graduate Classification Other (specify) Hours to be earned: Course subject: \_\_\_\_\_ Course number: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_ Major: \_\_\_\_ Cumulative hours earned: 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 signature: Faculty sponsor's name: 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. Advisor signature Advisor's Signature: Date: Section D. To be completed by the Field Agency Supervisor (not required for registration) Field Agency Phone: \_\_\_\_\_ Field Agency Name: 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:

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