

Office of Career Services

Internship Approval Form

Internship Administrator (Dean/Dept. Head/Faculty) PLEASE PRINT AND SIGN NAME.

Print _____ Signature _____

Date Submitted _____

Intended Recipient _____ (print name) G# _____

Email of Student _____ Phone _____

Requirements Please check all that students have completed. Student must have completed requirements PRIOR to being awarded an internship.

_____ Required GPA

_____ Completed required classes

_____ Completed required number of hours.

_____ Any other required academic experiences.

The Administrator will then send form to office of Alumni Affairs and Career Services for approval.

_____ Registered with Career Services (CS)

_____ Attended at least three (3) professional development sessions.

_____ Approved resume on file in CS.

_____ Met with Career Counselor to discuss behavior, workplace ethics, etc.

_____ Selected a mentor. (Contact information given to student.)

_____Advised student of required workshop upon their return.

Students Signature_____

CS Staff Signature _____

KEEP COPY OF FORM IN CS AND SEND COPY BACK TO INTERNSHIP ADMINISTRATOR.