



Internship Application

Return to the Registrar's Office
Castleton University, Castleton, VT 05735

Completion of this form and obtaining required signatures is the student's responsibility
PLEASE NOTE: ALL INTERNSHIP PAPERWORK MUST BE COMPLETE, SUBMITTED TO THE REGISTRAR'S OFFICE,
AND YOU MUST BE REGISTERED BEFORE STARTING YOUR INTERNSHIP.

Internship Information

Student Name: _____ Student ID #: _____

Student Campus Box or Home Address: _____

Student Email Address: _____

Department: _____ Course # / Course Level: _____

Internship Supervisor: _____ Title of Internship: _____

Internship Supervisor Email Address: _____

Supervisor Title: _____ Company Name: _____

Company Address: _____ Company Phone: _____

Application Information

Term: Fall Spring Summer Year: _____

Grade: Pass/Fail Letter Grade

Schedule: _____ hours per week for _____ weeks. Beginning: _____ Ending: _____ Total Hours: _____

Credits to be awarded: _____ Wage or Salary: \$ _____ per hour/week/month/semester

Please attach a separate sheet with a detailed explanation of the following:

1. Job Description
2. Objectives
3. Method of Evaluation

In order to participate in the internship program you must answer the following questions and have the information verified by the Registrar's Office.

- | | | |
|---|-----------|----------|
| 1. Are you a matriculated student at Castleton University? | Yes _____ | No _____ |
| 2. Are you in good academic standing at Castleton University? | Yes _____ | No _____ |
| 3. Have you completed 12 credits at Castleton University? | Yes _____ | No _____ |
| 4. Do you have the recommendation of your advisor? | Yes _____ | No _____ |

Student Signature: _____ Date: _____

Internship Supervisor Signature: _____ Date: _____

Faculty Supervisor Signature: _____ Date: _____

Academic Dean Signature: _____ Date: _____
(if necessary due to overload):

For Registrar's Use Only:

Official Verifying Student's Eligibility: _____ Date Received: _____

cc: Faculty Supervisor