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