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 Internship Hours: ____________________________
Credits to be awarded: ____________________________ Wage or Salary: ____________________________

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?
2. Are you in good academic standing at Castleton University?
3. Have you completed 12 credits at Castleton University?
4. Do you have the recommendation of the Academic Department?
5. Do you have the recommendation of your advisor?

Student Signature: ____________________________ Date: ______________
Internship Supervisor Signature: ____________________________ Date: ______________
Department Chair Signature: ____________________________ Date: ______________
Internship Coordinator Signature: ____________________________ Date: ______________
Academic Dean Signature: ____________________________ Date: ______________

For Registrar’s Use Only:
Official Verifying Student’s Eligibility: ____________________________ Date Received: ____________________
cc: Internship Coordinator, Faculty Supervisor