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