



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: _____ 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?
- 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