Social Justice Internship Program
New York City 2015
A partnership between Central College and the Collegiate Churches of New York

Internship Approval Form

To be completed by the student (please type or print)

Name (please print)_____ Email _____

Please sign the authorization and submit this form to a dean or person on your campus who can approve your internship application..

I am applying to the Social Internship Program in New York and authorize the release of information to complete this application.

❑ I waive my right of access to this information. ❑ I do not waive my right of access to this information.

Applicant's signature _____Date_____

To be completed by a dean, faculty advisor, or administrator overseeing academic internships

Is this student in good academic standing? ❑ yes ❑ no

Does this student have a disciplinary record? ❑ yes ❑ no

Do you recommend this student? ❑ yes ❑ no

Please add any comments you may have about this student's ability to adjust to new situations, motivation to participate in this program, and/or potential for success on an internship program in an urban setting:

If the student is not a Central College student:

Has this student taken the necessary steps for approval from your institution?
❑ yes ❑ no

Will the credit earned on this program be accepted toward this student's degree program at your institution?
❑ yes, under usual transfer policies (attach policies, if appropriate) ❑ no

To whom should Central College send transcripts?

Name (please print)_____ Title/Dept. _____

College/University _____ Email _____

Signature_____ Date _____

Send to:

Social Justice Internship Program
Attn: Lyn Isaacson
Central College
812 University
Campus Box 5000
Pella, IA 50219

Fax: 641-628-5983
Email: IsaacsonL@central.edu