Please return to:
The Office of Academic Services
211 Administration Building
Phone: (615) 322-8400
Hours: Monday-Friday 7:30am-4:30 pm
Fax: (615) 322-8401

Student Information (all fields required):

Full Name:________________________________________________________________________________

Student ID # (e.g. 000162030):_______________________________________________________________

Classification: Freshman___ Sophomore___ Junior___ Senior___

Anticipated Date of Graduation: Aug___ Dec___ May___ (Year) 20_____

Major:_________________________________________ Program/Track(s):_________________________

Phone: (_____)________ - ______________________

Email Address:____________________________________________________________________________

This form is for the program with the Vanderbilt Center for Student Professional Development ONLY. If you are pursuing another type of internship or individual study experience, do NOT use this form. If you need additional space, attach additional pages as necessary.

Attach documentation from your internship site requiring proof of registration to this form. Example: your work contract, a letter or email from their HR department or supervisor.

Date of Request: ______________________  Semester / Year of Internship: _________________________

Subject Area / Course Number / Section:

□ PINX 2985 section _____  or □ other approved course ___________________________section _____

First Time Taken_____  Second Time Taken_____  Third Time Taken_____

Internship Information

Company Name: _______________________________________________________________________

Internship Title: _______________________________________________________________________

Internship completion date: _______________________________________________________________________

Mailing Address: _______________________________________________________________________

City, State and Zip Code: _______________________________________________________________________

Site Supervisor Name: □Ms. □Mr. _______________________________________________________________________

Supervisor Title: _______________________________________________________________________

Supervisor’s Phone: _______________________________________________________________________

Email: _______________________________________________________________________

Fax: _______________________________________________________________________
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Industry: (Check one)

☐ Arts/Communications/Media
☐ Consulting/Management/HR/Sales

☐ Education/Social Services/Community Organizations
☐ Engineering/IT

☐ Health/Science
☐ Finance/Real Estate/Insurance

☐ Public Service/Govt/Law

Internship Description:

Title and Description of the Scholarly Project:

Student completed Summer Internship Subsidy Orientation & Quiz. Attach orientation quiz results to this form

________________________________________________
Student’s Name & Signature

Date

________________________________________________
Full-time Vanderbilt Faculty’s Name & Signature

Date

OAS use only:

________________________________________________
Associate Dean for Undergraduate Students Name & Signature

Date

________________________________________________
OAS Signature

Date