



**College of Undergraduate Studies
Internship Form**

Date: _____ Term/Year for action: _____

Student Name: _____ Student ID: _____

Program: _____ Major: _____

E-mail: _____ Phone: _____

Current Address (Street, City, State, Zip): _____

CCU School (circle one):

Business & Leadership Education Humanities & Social Sciences

Music Science & Engineering Theology

Course ID: _____ Semester Hours: _____

Location of Internship: _____

This location is (check one) For-profit: _____ Not-for-profit: _____

Supervisor's Name: _____

General Description of Duties: _____

Please attach Syllabus or description of papers, projects, and requirements for credit.

Who will assign the grade for the internship? (PLEASE PRINT): _____

Student Signature: _____ Date: _____

Student Advisor Signature: _____ Date: _____

Employment Mgmt Services: _____ Date: _____
(Required for all SHS internships.)

Internship Faculty/Supervisor: _____ Date: _____

Dean's Signature: _____ Date: _____