



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