



**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