AUTHORIZATION TO SEEK INTERNSHIPS THROUGH CENTER FOR CAREER DEVELOPMENT

This form must be completed and signed by a faculty member (sponsoring faculty) within the academic department where the student is seeking academic credit before the Center for Career Development will refer the student to possible internship opportunities.

Completion of this form indicates to the Center for Career Development that the student meets the minimum requirements for internship enrollment with the below named department. This form does not give final academic approval of any particular internship, or guarantee academic credit within that department.

Student Name: _____________________________________ ______________________

(Last)    (First)   (Middle)

Email: ______________________________  Telephone: ___________________

Major: ______________________________  Minor (if any): _________________

Semester: ____________________________ Year: ___________________

Department where student is seeking internship credit: _______________________

Department Internship Coordinator/Faculty Representative: _____________________

Authorization:

I have reviewed the academic credentials of the above named student and have determined that the student meets the minimum requirements for participation in an academic internship within this department.

___________________________________  ______________ ________________

Department Coordinator’s Signature    Date

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Denial:

The above named student is not eligible for enrollment into an internship at this time for the following reason(s):

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