



INTERNSHIP REGISTRATION FORM

Student's Name: (Last) _____ (First) _____

Student ID# _____

Major: _____ Minor: _____

Internship Faculty Sponsor: _____

Agency or Site of Internship _____

Agency or Site Supervisor: _____

Description and methods by which internship credits are to be acquired:

Description of criteria used for grading:

I agree to intern at _____ for _____ hours per week beginning _____ and finishing _____. In addition, I agree to attend _____ class seminars and/or _____ individual meetings with my faculty sponsor if required by the department.

**FOR INFORMATIONAL USE ONLY
SEE YOUR ADVISOR FOR ACTUAL FORM**

I have carefully read the internship guidelines in the Worcester State College Catalog and agree to fulfill all requirements of Worcester State College and my internship supervisor to receive academic credits for an internship (42 hours of internship work is equivalent to one (1) credit hour). This would include meeting time for class seminar or with faculty sponsor.

Student's signature: _____

Date: _____

Address _____ Phone number _____

Email _____

Course No. _____ Semester: _____

Credits: _____

As faculty sponsor, I agree to monitor the internship, including site visits, student meetings and/or supervisor discussion. I agree to evaluate and integrate it into the student's overall educational program and grant _____ credits for the internship experience.

Faculty sponsor's signature _____

Date: _____

Printed name _____

Address _____

Phone number _____

Email _____

As agency supervisor of the student intern, I agree to guide and evaluate his/her work and relate the experience to the intern's academic program.

Agency Supervisor's signature _____

Date: _____

Printed name _____

Address _____

Phone number _____

Email _____

Department Chairperson's

Approval _____

Date: _____