

Professional Internship Program

Student Application and Advisor Approval Form

Instructions

Please complete this form (you may do so electronically). You must secure your Faculty Advisor's/Department Internship Coordinator's approval as indicated by their signature. Your signature is required as well. This form must be submitted with your Site Agreement Form to receive permission to register for the internship course listed on this form. It is your responsibility to make certain that all concerned parties have a copy of this document.

Student Information

First Name: _____ Last Name: _____
Campus/Local Street Address: _____
City: _____ State: _____ Zip: _____
Main Phone Number: _____
Permanent/Home Street Address: _____
City: _____ State: _____ Zip: _____
Permanent/Home Phone Number (with area code): _____
Campus E-mail: _____ Personal E-mail (if preferred): _____

Internship Information

Type of Internship Sought (HR/Finance/Law, etc.): _____
Course Number and Title: _____ Is this your 1st Naz internship? _____
Year: _____ Semester: Fall Spring Summer

Academic Information

Major: _____ Second Major/Concentration: _____
Academic Standing: Junior Senior Other _____
Nazareth GPA: _____ Number of Semesters at Nazareth: _____
If transfer, provide the name of the previous institution: _____
Do you want this experience to fulfill your Experiential Learning (EL) requirement? Yes No

Approval for Student to Complete an Internship

Advisor's Comments: _____
 Approved Conditionally Approved Not Approved
Advisor's Name: _____
Advisor's Signature: _____ Date: _____
Student's Signature: _____ Date: _____

Questions, concerns, or issues should be directed to:



Internship Program
Center for Life's Work
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Phone: (585) 389-2878
E-mail: internships@naz.edu
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You may also direct inquiries to your specific Department Internship Coordinator.