

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: _____

Nazareth Contact Information

Questions, concerns, or issues should be directed to:

Internship Program	Office: GAC-117
Center for Life's Work	Phone: (585) 389-2878
Nazareth College of Rochester	E-mail: internships@naz.edu
4245 East Avenue	Web Site: www.naz.edu
Rochester, New York 14618-3790	

You may also direct inquiries to your specific Department Internship Coordinator.