

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 approval as indicated by his or her signature. Your signature is required as well. You should make copies of this completed form for your Faculty Advisor and the instructor of your Internship Seminar. It is your responsibility to make certain that all concerned parties have a copy of this document.

Student

First Name: _____ Last Name: _____

Information

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/CYD, 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 (new/2013 Core Curriculum students)? 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
Center for Life's Work
Nazareth College of Rochester
4245 East Avenue
Rochester, New York 14618-3790**
**Office: GAC-111
Phone: 585-389-2878
E-mail: internships@naz.edu
Web Sites: www.naz.edu**

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