CORNELL COLLEGE

INTERNSHIP PROPOSAL

REGISTRAR'S OFFICE

- To receive course credit for an Internship, this form must be completed, signed by you, your faculty sponsor and your academic advisor, and returned to the Register's Office with your enrollment card or add/drop form *prior to the term in which the Internship is to begin*. **Internship credit will not be approved retroactively.**
- Internships are open only to students who have completed at least nine term credits, at least two of which are in the same department as the Internship.
- Consult the *Cornell College Catalogue* ("All-College Independent Study Courses") for general requirements, policies, and limits governing Internship credit.
- Please note that a maximum of four course credits earned in Individual Projects, Group Projects, Internships, and Summer Study may be counted toward the minimum 32 credits required for the B.A. or B.Mus. degree. A maximum of two course credits in these areas may be counted toward the nine course credits required at the 300 level for the B.A. or B.Mus. degree.
- Consult the Cornell Department sponsoring the Internship for specific departmental requirements.
- Internships are graded only *Credit/No Credit*.
- Petitions for refund of meals missed must be filed with the Registrar's Office at least seven days prior to the term in which your Internship is to begin.
- **Students participating in international internships must meet with the Office of International & Off-Campus Studies to submit required documents and obtain information about the college's foreign insurance policy.**

Your name: _____ Student ID Number: _____

Term(s)/Year Internship undertaken: _____ Sponsoring Cornell Department: _____

Prerequisite: at least two course credits in department. List all courses completed in this department: _____

_____

Course level (circle): 280 *or* 380 Course credit desired (circle): 1/2 *or* 1

Name of Cornell faculty sponsor: _____

Internship site (name of organization, agency, company, etc.): _____

Location of Internship (city/state/country): _____

Name of Internship site supervisor: _____ Telephone No.: _____

Brief description of your Internship (the nature and purpose of the organization or agency, the scope of your responsibilities, etc.): _____

_____

_____

_____

Number of hours per week you will be involved in this Internship: _____ Dates of Internship: from _____ to _____

Method(s) by which your Internship will be evaluated by your faculty sponsor: _____

_____

_____

_____

Signature of Student: _____ Date: _____

Signature of Faculty Sponsor: _____ Date: _____

Signature of Academic Advisor: _____ Date: _____

Office of International & Off-Campus Studies Approval (if required) _____ Date: _____

CORNELL COLLEGE **Registrar's Office**

Refund for Meals Missed During an Off-Campus Course or Internship

The College will refund a portion of the amount charged for meals in a particular term to any student who completes a Cornell-sponsored off-campus internship, field course, independent or Special Study, etc., provided that the student (1) petitions for this refund through the Registrar's Office at least 7 class days before the start of the off-campus course, and (2) does not eat any meals on campus (except those for which the student pays directly) during the three-and-one-half weeks of the term. Please refer to the *Cornell College Catalogue* for further information.

Name _____ ID Number _____

Today's Date _____ Course (Dept., Course Number, Term) _____

Please answer all the following questions:

1. Does this course require you to be off-campus for the term indicated?
   Yes No

   If you answered **yes**, please list the location (city, state)_____

2. If you will not be on campus at all during this time, please fill in the dates that your card should be deactivated:

   Date leaving campus _____ Date returning to campus _____

3. Please list the meals you will be eating in The Commons (including weekends and block break):

Weeks run from Sunday to Saturday

	Breakfast	Lunch	Dinner
Week 1	_____	_____	_____
Week 2	_____	_____	_____
Week 3	_____	_____	_____
Week 4	_____	_____	_____

Your card will not be reactivated until Sunday of block break except for the meals listed above.

Signature of faculty sponsor or instructor _____

Signature of faculty advisor _____

If this petition is approved, you will receive a refund of up to 75% of the College's meal charge for the term in question. Approval is based upon your being officially registered in the course, and not eating any meals in the Commons except those specified in #3 above. Your request for a refund will be sent to the Business Office upon verification of your enrollment in the course and the completion of this form. **No refunds are granted for vacation terms.**