

- 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 Registrar'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.

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): _____

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: _____