

**PROPOSAL FOR SUMMER INTERNSHIP**

- To receive course credit for a Summer Internship, this form must be completed, signed by your faculty sponsor and department chair, and returned to the Registrar's Office *before you leave campus for the summer*. You must allow enough time (at least three class days) to receive written confirmation in your campus mailbox of whether or not your proposal was approved.
- Credit for Summer Internship is available only to students who have completed 14 term credits prior to the summer.
- No more than one course credit may be earned in any one summer, and not more than two course credits of Summer Internship may be counted toward a student's Cornell degree.
- Please note that a maximum of four course credits earned in Individual Projects, Group Projects, Internships, Summer Internships, and Summer Individual Projects 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 College Catalogue* ("All-College Independent Study Courses") for general requirements, policies, and limits governing credit for Summer Internship.
- Summer Internship is graded only *Credit/No Credit*.

Your name: \_\_\_\_\_ Student ID Number \_\_\_\_\_

Term/Year credit to be posted: \_\_\_\_\_ Sponsoring Cornell Department: \_\_\_\_\_

Prerequisite: 14 term credits earned prior to the start of the Summer. Number completed: \_\_\_\_\_ To be completed: \_\_\_\_\_

Course Level (circle):    299        *or*        399

Name of Cornell faculty sponsor: \_\_\_\_\_

Agency or Firm, City, State or Country where Internship will be done: \_\_\_\_\_

Name of site supervisor: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Approximate dates: from \_\_\_\_\_ to \_\_\_\_\_ Total number of hours: \_\_\_\_\_

Brief description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Method of evaluation by Cornell Sponsor: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Faculty Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Academic Advisor: \_\_\_\_\_ Date: \_\_\_\_\_