

This section to be completed by STUDENT

Name: _____
 E-mail: _____@gustavus.edu
 Phone: _____ Grad. Date: _____
 ID#: _____ Major: _____
 Dept. Code: _____ **368**
 Check one: Fall Semester 07 Spring Semester 08 Summer 08
 (Start date _____ End date _____)
 10-12 hours per week / .5 or 1 credit 20 hours per week / 2 credits
 35+ hours per week / 3 credits Enter # of credits _____
 Are you on any type of college probation at this time? Yes No
 If this is an international internship see deadlines and signature requirements below. *

This section to be completed by SITE SUPERVISOR

Organization: _____
 Address: _____
 City: _____ St: _____ ZIP: _____
 Supervisor Name: _____
 Supervisor Title: _____
 E-mail: _____
 Phone: _____ Fax: _____
 Gustavus alum? Yes No
 Compensated position? Yes No If yes, Wage \$ _____
 Will this opportunity be offered in the future? Yes No
 Application method(s)? (check all that apply)
 Interview Résumé Cover Letter Application Other

Student and Site Supervisor: Together determine internship responsibilities, learning objectives and expectations below:

By signing this form, I certify that I have at least sophomore status, am in good standing with Gustavus, and accept the terms of the Gustavus Honor Code.

Student's Signature: _____
 Date: _____

As a Site Supervisor you are asked to provide supervision, complete a final evaluation and ensure a positive learning environment. See website for complete details.

Site Supervisor's Signature: _____
 Date: _____

This section to be completed by FACULTY SPONSOR

As a faculty sponsor you are required to assign a **pass/fail grade** at the end of semester.

Minimum Assignments: Daily Student Journal
 Two informational interviews
 Summary Paper
 Other: _____

Will you visit your student at the site? Yes No Maybe

Faculty Name: _____
 Department: _____
 Approved by
 Faculty Signature: _____
 Date: _____

INTERNSHIP REGISTRATION DEADLINES

	Domestic	* International
Fall 07:	Sept. 11, 2007	Mar. 1, 2007
Spring 08:	Feb. 15, 2008	Oct. 1, 2007
Summer 08:	May 15, 2008	Oct. 1, 2007

Return this form to: **Brian Koeneman**
Gustavus Adolphus College
800 West College Avenue
St. Peter, MN 56082
Fax 507/933-6277
koeneman@gustavus.edu

* Required Int'l. Ed. Signature: _____

Career Center Approval: _____ Date: _____