

Semester Internship Registration Form 2009–2010

This section to be completed by STUDENT

ID#: _____

Name: _____

E-mail: _____@gustavus.edu

Phone: _____ Grad. Date: _____

Major: _____ Dept. Code: _____ **368**

Are you on any type of college probation at this time? Yes No

Check one: Fall Semester 09 Spring Semester 10 Summer 10

(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 _____

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

Position Description:

Responsibilities:

I certify that I have at least junior status, am in good standing with Gustavus and accept the terms of the Gustavus Honor Code.

Student'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: Career Center Reflection Questions
 Two informational interviews
 Career Center Final Essay
 Other: _____

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

Faculty Name: _____

Department: _____

Approved by
 Faculty Signature: _____

Date: _____

If international internship

* Required Int'l. Ed. Signature: _____

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

Site Supervisor's Signature: _____

Date: _____

INTERNSHIP REGISTRATION DEADLINES

	Domestic	* International
Fall 09:	Sept. 15, 2009	Mar. 1, 2009
Spring 10:	Feb. 12, 2010	Oct. 1, 2009
Summer 10:	May 13, 2010	Oct. 1, 2009

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

Career Center Approval: _____ Date: _____