

College of Arts & Sciences Internship Registration

Last Name _____ **First Name** _____

Drake ID # _____ Email _____

Local Address _____ Local Telephone _____

City _____ State _____ Zip Code _____

Major _____ Year FR SO JR SR

Department _____ Course Number _____

Term/Year Fall _____ Spring _____ Summer _____ Credit Hours _____

Internship Title: _____
(for your transcript; less than 20 characters)

Is this Internship for: Grade _____ Credit/No-Credit _____

Date Internship Starts: _____ Date Internship Completed: _____

Name of Business /Organization where you are completing the Internship:

Student's Signature: _____

Internship Supervisor's Signature: _____

Drake Faculty Supervisor's Signature: _____

Drake Department Chair's Signature: _____

Address of the Business/Organization: _____

- Attach:**
- 1) A list of the Intern's major responsibilities
 - 2) Learning Objectives
 - 3) Academic Requirements (journal, meetings with faculty, paper)
 - 4) Type of Supervision (daily, scheduled conferences, etc.)
 - 5) Liability Waiver Form

- General Responsibilities of Student and Internship Supervisor:
- 1) The Student agrees to comply with the policies of the employing organization, to attend all required orientations, in-service, and staff meetings.
 - 2) The student will notify his/her work supervisor if unable to work as scheduled.
 - 3) The employer agrees to provide the student with orientation and supervision necessary to carry out the above specified responsibilities.
 - 4) The internship will not be terminated before the specified date by either the student or the employer until the faculty supervisor has been notified.