

Student Instructions:

1. Print Form; 2. Fill in appropriate information and sign it; 3. Meet with appropriate advisors to review and have them sign it; 4. Submit completed form to Office of Career Programs no later than Drop/Add date

Presbyterian College, Clinton, SC
Registration Form for Internship, Research Internship

Initial Conversation Date _____ Final Submission Date: _____

- GPA minimums: Internship=2.0; Research Internship = 2.5
- Some academic departments, employers, and organizations may require a higher GPA.
- Internships are graded on a pass/fail basis.

I. STUDENT

Name: _____ ID: _____

Email address: _____ Cell Phone: _____

GPA: _____ Academic Advisor (print): _____

Faculty Intern Advisor (print): _____

II. INTERNSHIP PROPOSAL

Internship Subject: (E.g. *BADM, HIST, INTD*): _____ Course Number: 444/4007

Semester: ☐ Fall; ☐ Spring; ☐ Summer 1; ☐ Summer 2; Academic Year 20 - _____

Primarily Off Campus: ☐ Primarily On Campus: ☐; Credit Hours (circle one): 1 2 3 4 5 6

Proposal Title:

(30 characters including space, E.g.; *Local Business Development, or Private Practice; Dentistry*)

- (Fall/Spring semester: 42 – 83 contact hours = 1 credit hour,
84 – 125 contact hours = 2 credit hours, 126 – 167 = 3 credit hours)
- (Summer: Credit hours determined by Campus or Faculty Advisor)

A. The college requires the following to be completed and submitted to the Faculty Intern Advisor to earn academic credit. Submit by last day of classes. (Month/Day/Year) _____ Faculty Intern Advisors may have additional requirements.

Verification of Contact Hours (time sheet)

Journal of Experience sent to Intern Advisor and to Career Programs (ldownie@presby.edu)

Attend Internship Seminars as assigned (fall/spring internships)

Meet with Faculty Intern Advisor (weekly / monthly / other: _____)

One of the Following (intern advisor, please select one):

☐ Summary Paper of
Internship

☐ Presentation about
Internship

☐ Project relating to
Internship

B. What courses that you have taken, or are interested in taking, are relevant to this internship?
Department; Course Number: Course Title

(E.g. *EDC 310 Literature for the Young Child*)

III. INTERNSHIP LOCATION INFORMATION

Approved Employer Supervisor: _____

Title: _____

Company/Organization: _____

Address: _____

(Street #/Name)

(City, State)

(Zip Code)

Telephone: _____

Email: _____

Employer Signature: _____ Date: _____

IV. INTERNSHIP PROPOSAL OBJECTIVES

A. What are the specific responsibilities of the position?

1. _____

2. _____

3. _____

B. What are your learning objectives? (May be related to knowledge, skills, attitudes, and/or values)

1. _____

2. _____

3. _____

Student Signature Indicates Understanding of Requirements:

_____ Date: _____

V. APPROVALS

Faculty Intern Advisor: _____ Date: _____

Department Chair: _____ Date: _____

Academic Advisor: _____ Date: _____

Dean of Career Programs: _____ Date: _____