# APPLICATION FOR INTERNSHIP
# OFFICE OF THE REGISTRAR • LAFAYETTE COLLEGE

Name: _____ Student ID #: _____
Campus E-mail Address:_____ Class: _____ Term GPA: _____
Daytime Phone #: _____ Degree: _____ Cum GPA: _____
Major: _____

Please check the term and list the course you are registering for:
☐ Fall Semester ☐ Spring Semester ☐ Interim ☐ Summer Year: _____

☐ Department Internship: _____
**Subject Area / Number / Title**

☐ INT 200 – Internship (summer only). Internships not affiliated with a department must be registered as INT 200.

***Only one departmental internship can count for credit towards graduation. INT 200 internships do not count for credit towards graduation. All internships will appear on your transcript.***

Have you previously participated in a departmental internship for credit? ☐ Yes ☐ No

Are you a student on an F-1 Visa? ☐ Yes ☐ No

If YES, signature/ approval is required from the Office of International Student Advising: _____

Describe the components of your internship:

_____

_____

_____

_____

Please attach an additional page if necessary

- ***Internships must be approved by submitting this form in advance of your work experience. No credit will be given ex post facto for internships.***
- **Internships are available to all students upon completion of their first year, including rising sophomores. Internships completed in the summer between the first and second year may count for credits towards graduation at the discretion of the internship department / program.**
- **Students earning stipends or other types of compensation are still eligible to receive internship credit.**
- **Please check with the Registrar's Office to determine tuition for the summer/interim internship.**
- **All Internships are graded on a Credit / No Credit basis.**

Internship Organization _____ Phone Number: _____

Internship Supervisors Name & Title: _____

Student Signature: _____ Date: _____

Adviser Signature: _____ Date: _____

Instructor Approval: _____ Date: _____

Registrar/Deans Approval: _____ Date: _____