GREAT FALLS COLLEGE MONTANA STATE UNIVERSITY

OFFICE OF THE REGISTRAR

INTERNSHIP APPLICATION FORM
To be used to register a student for an internship

Student Name: _____ **ID#** _____

Term _____ **Dates** _____ **Course Subject:** _____ **Course Number: 298**

Course Title: Internship # of Credits (1-6): _____ **(45 hours required per credit)**

Instructor's Name: _____

Student Signature: _____ _____ **Date:** _____

See Policy 215.1 Internships

An academic internship is a valuable and integral component of an education. The purpose of an internship is to obtain practical work experience, to apply skills and knowledge learned in the classroom, and to gain exposure to various job opportunities while under the direct supervision of a designated supervisor at the place of internship. Internships may be paid or volunteer and typically last one academic semester. **THIS FORM IS NOT REQUIRED FOR STUDENTS REGISTERING FOR A CAPSTONE COURSE.**

Confirm the following requirements:

- ☐ The student is in the final semester of a degree or has the consent of the advisor and department chair/program director

- ☐ The internship is directly related to the student's field of study

- ☐ The internship meets the following specifically defined learning objectives:

- ☐ A signed Internship Agreement between the student, the sponsoring organization, and the supervising faculty member has been completed and submitted to the Registrar's Office.

FOR INTERNAL USE ONLY			
Approved for an Internship		*NOT Approved for Independent Study*	
_____ Instructor	_____ Date	_____ Instructor	_____ Date
_____ Advisor	_____ Date	_____ Advisor	_____ Date
_____ Division Director	_____ Date	_____ Division Director	_____ Date
_____ Executive Director of Instruction	_____ Date	_____ Executive Director of Instruction	_____ Date
Comments:			
Submit to the Registrar's Office			

Updated November 2020