

WILLIAM PENN UNIVERSITY

RECORD OF INTERNSHIP

Instructions to Student: Prior to obtaining an internship, you must obtain permission from the designated faculty member in the academic division from which you seek credit.

1. Complete the student portion of this form.
2. Have employer complete Internship Information portion.
3. Present this form to the faculty supervisor and division chair for approval.
4. For International students, the internship must be approved by Kerra Strong.
5. Return completed form to Registrar's Office.

1. Student Information (to be completed by student)

Name: _____ Student ID: _____ Term: _____
Major: _____ Minor: _____
Cumulative Credit Hours: _____ Cumulative GPA: _____

2. Internship Information (to be completed by employer / on-site supervisor)

Intern Employer: _____ Phone: _____

Address: _____

Intern position and duties:

On-Site Supervisor Name _____ Title _____ On-Site Supervisor Signature _____ Date _____

3. Faculty Supervisor Section (to be completed by faculty member and division chair). Signature confirms approval of internship.

Number of Credits for Internship: _____ Total Clock Hours: _____ Course Number _____ :357

Printed Faculty Supervisor Name _____ Faculty Signature _____ Date _____

International Students Only: _____
Signature / Approval of Kerra Strong, VP Enrollment Mgmt.

Printed Division Chair Name _____ Division Chair Signature _____ Date _____

THIS IS NOT A REGISTRATION FORM. MUST BE SUBMITTED TO REGISTRAR'S OFFICE.