



Experiential Learning Program APPLICATION FORM

Name: _____

E-mail Address: _____

Address: _____

College I.D. #: _____

Phone: _____

Year of Study: _____

Cell phone #: _____

Major(s): _____

Cumulative G.P.A.: _____

Semester Applying For: _____ Year filed: _____

Number of Credits Desired: _____

Type of Internship Desired: _____

Industry (optional): _____

Geographical Location: _____ Local _____ Away (specify) _____

Transportation Available: _____ Yes _____ No

Work Study Eligible: _____ Yes _____ No

Will Consider: _____ Both Paid and Unpaid Opportunities _____ Paid Only

- *Your signature authorizes the Internship Counselor to release your resume and application to prospective internship sites.*
- *You must interview and earn your internship placement. You may also find internship sites on your own and request approval from the Internship Counselor. Placement is not guaranteed.*
- *Your signature also verifies that you are clearly aware that you are applying for an internship, not a job, and that Germanna's internships receiving academic credit will be billed at the usual tuition cost.*
- *Additional costs may be incurred for employer requested background checks and personal liability insurance coverage.*

Student's Signature: _____ Date: _____

Advisor's Approval (required): _____ Date: _____

For Office Use Only:

Internship Counselor Approval (required): _____ Date: _____

(For review of student conduct record.)

Site Accepted: _____

Site Supervisor: _____

Faculty Instructor's Approval *(Required once registered):* _____ Date: _____