



# Request for Notation of Non-Credit Internship on Transcript

Student Full Legal Name (Please Print)							Preferred Phone Number			
First Name		Middle Initial			Last Name					
Germanna Student ID Number							Term (Please Circle)			Year
							Fall	Spring	Summer	

Placement Site	Placement Point of Contact	Discipline

Summary of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Total Internship Hours: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>	
Department Head/Representative: _____	Date: _____
Internship Coordinator: _____	Date: _____
Registrar: _____	Date: _____