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Career Services *Experience. Future. Success* Internship Approval Form

Before submitting this form, please read the “*CCSJ Career Services Guide to Finding an Internship Placement.*” You must submit this form to your Program Director at least 14 weeks in advance to receive approval. **Internships require a minimum of 90 hours, unless otherwise noted by the internship site.**

Student Information

Date: _____ Student ID: _____

Name: _____ Classification: (circle one) FR SO JR SR

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ CCSJ Email: _____

Major: _____ Minor: _____ GPA: _____

Internship Site Information

Business/Organization Name: _____

Supervisor's Name: _____ Title: _____

Phone: _____ Email: _____

Internship Information

Start Date: _____

Days scheduled to intern each week

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							

Total Number of Hours a Week: _____

I have received and attached a copy of the internship Job Description to this application. I have reviewed my job description with my internship supervisor and agree to perform internship duties as outlined in the CCSJ Internship Manual.

Signature _____

Date _____

FOR OFFICE USE ONLY

(Program Director to complete)

APPROVED

DENIED

Assigned Faculty Advisor:

Department:

Notes:

Submit copies to:

Coordinator of Career Services, Kelli Watson, Suite 614, CCSJ.

Signature

Date