Department #686 GRADUATE INTERNSHIP

THE GRADUATE SCHOOL

VALPARAISO UNIVERSITY

Valparaiso, Indiana 46383-6493

(219) 464-5313 or (800) 821-7685

This form **must** be completed, signed by both the supervising instructor and program advisor, and returned to the Graduate School Office. Upon approval of the Dean of the Graduate School, copies will be distributed. **Please note:** This completed form does **not** constitute registration for this course.

A copy of the project paper must be filed in the Graduate School Office upon completion.

DATE SUBMITTED: _____ **STUDENT ID NUMBER:** _____

1. **NAME:** _____
   LAST FIRST MIDDLE FORMER NAME

2. **PRESENT ADDRESS:** _____
   NUMBER AND STREET CITY, STATE, ZIP

3. **HOME/CELL PHONE:** _____ **EMAIL ADDRESS:** _____

4. **PROJECT IS TO BE UNDERTAKEN IN THE**
   FALL SPRING SUMMER I SUMMER II **SEMESTER, 20_____** **NUMBER OF CREDITS** _____

5. **PROGRAM OF ENROLLMENT:** _____

***COMPLETE THE FOLLOWING UNDER THE GUIDANCE OF YOUR SUPERVISING INSTRUCTOR.**
REFER TO THE GRADUATE CATALOG FOR COMPLETE COURSE DESCRIPTION.

I. REQUIREMENTS FOR INTERNSHIP CONSIDERATION

- Attach a description of the activities associated with your internship. If one is available, you may use the firm or organization's own description of the internship; otherwise, provide a 50-word description of your activities and responsibilities.
- Identify 2-4 learning goals and include them with the description.
- Attach a copy of the letter or statement from the organization accepting you as an intern on the firm's letterhead.

II. POST-INTERNSHIP EVALUATION

Every internship is assigned a grade of Satisfactory (S) or Unsatisfactory (U). To earn an S, you must:

- Complete appropriate hours for internship credit.
- Provide a letter of successful and satisfactory completion from your supervisor or organization on the firm's letterhead.
- Submit to the Graduate Office a 2-page summary of the activities and training that enabled you to achieve your learning goals.

No grade will be assigned until these conditions are met.
Be sure to meet with your Program Advisor prior to submitting you internship paperwork to the Graduate School as all programs have unique prerequisites.

INSTRUCTORS NAME:_____

SPONSORING FIRM OR ORGANIZATION: _____

ADDRESS: _____

CITY/STATE/COUNTRY/POSTAL CODE: _____

Name of Supervisor or Contact Individual: _____

Supervisor Email: _____ Supervisor Phone: _____

Program Advisor's Approval: _____ **Date:** _____

Graduate School Dean's Approval Signature: _____ **Date:** _____