

# Academic Advisor Internship Authorization Form

This form is used to authorize a student's participation in an academic internship for credit. Please complete all sections. Once completed, print the form for physical signatures.

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## Student Information

Student Full Name:

Student ID Number:

Student Email Address:

Phone Number:

Major / Academic Program:

Semester and Year of Internship:

## Internship Provider Information

Organization / Company Name:

Internship Title / Position:

Site Supervisor Name:

Supervisor Email:

Start Date:

End Date:

Estimated Hours per Week:

## Academic Course & Credit Information

Course Subject & Number:

Number of Academic Credits:

Academic Advisor Name:

Advisor Department:

## Authorization Signatures

By signing below, the student and academic advisor agree that the internship described above meets the department's academic criteria for credit.

Student Signature:  Date:

Academic Advisor Signature:  Date: