



#686 ICP INTERNSHIP
OFFICE OF GRADUATE STUDIES
 VALPARAISO UNIVERSITY
 Valparaiso, Indiana 46383-6493
 (219) 464-5313 or (800) 821-7685

This form **must** be completed and returned to the Graduate Division Office. Upon approval of the Dean of Graduate Studies, copies will be distributed. **Please note:** This completed form does **not** constitute registration for this course. *The student must turn in the registration form with this internship project form.*

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

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

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

3. **HOME PHONE:** _____ **WORK/CELL PHONE** _____

EMAIL ADDRESS: _____

4. **PROJECT IS TO BE UNDERTAKEN IN** _____ **SEMESTER,** 200 _____ **NUMBER OF CREDITS**
THE _____

I. PROPOSED PROJECT

- Append 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.

II. EVALUATION

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

- Complete at least 100 clock hours for each academic credit.
- Provide a letter of successful and satisfactory completion from your supervisor or organization.
- Submit to the Graduate Office a 1-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.

SPONSORING FIRM OR ORGANIZATION _____

ADDRESS: _____

CITY/STATE/COUNTRY/POSTAL CODE: _____

Name of supervisor or contact individual: _____

Supervisor Email: _____ Supervisor Phone: _____

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

cc: Registrar's Office

VALPARAISO UNIVERSITY – OFFICE OF GRADUATE STUDIES
DROP/ADD CARD – CHANGE IN REGISTRATION

STUDENT ID: _____ **DATE:** _____

NAME: _____

COURSES DROPPED

COURSES ADDED

DEPT	CRSE NO	SEC	CR HRS.	DEPT	CRSE NO	SEC	CR HRS.
Total Credits Dropped				Total Credits Added			

Total Credits After Change _____

Dean's approval for overload _____ **Adviser's Signature** _____

After securing adviser's signature, **RETURN THIS CARD ALONG WITH YOUR PROJECT PAPERWORK TO THE OFFICE OF GRADUATE STUDIES.**