

Name (print) First Middle Last

BVU ID# Department/Major

Campus Address Cumulative GPA

Hometown Cell or Contact Phone

Class Status Term for which you are requesting Internship credits? (List number of hours for each term)
 Junior Senior Fall Interim Spring Summer 1 Summer 2 Year: 20__

Course Information
 Dept: _____ Number: 495 496 Title: Internship BVU Internship Supervisor: _____

How many total credits are you requesting for this Internship? _____ Is the internship: Paid Unpaid

Have you received credit for prior internships? Yes No
 If yes, how many credits have you received from previous internship? _____

Name of Organization/Address Street/PO Box City State Zipcode

Location of Internship if different from above

Internship Site Supervisor Internship Site Supervisor Position

Internship Site Supervisor Phone Internship Site Supervisor E-mail

Briefly describe this business/organization and products/services provided _____

Your internship learning objectives? _____

Student Signature Date

BVU Faculty Internship Supervisor's Signature Date

Please provide the original to your BVU internship supervisor and a copy to the Registrar upon registering for internship

Buena Vista University • 610 W. Fourth Street, Storm Lake, IA 50588

THIS IS A REQUIRED FORM THAT MUST BE RECEIVED FOR CREDIT