

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 • [www.bvu.edu/registrar](http://www.bvu.edu/registrar)

**THIS IS A REQUIRED FORM THAT MUST BE RECEIVED FOR CREDIT**