

Name (print) First Middle Last

BVU ID# Department/Major

Campus Address Cumulative GPA

Hometown Cell or Contact Phone

**Emergency Contact (Required)** Name Phone Relation

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**