

BREVARD COLLEGE

Academic Internship/Practicum Form (269, 369, 469)

Internship: Provides students with an opportunity to strengthen their academic experience and assess career goals. The internship is supervised by the student’s academic advisor or area faculty member and requires 45 hours of job site work per hour of academic credit awarded. Minimum student contact with the faculty member directing the internship will be 10 hours.

Prerequisites: Students should have completed 48 or more semester hours, completed at least one semester at Brevard, and have a cumulative GPA of 2.0 or higher. Students may register for no more than 12 credits in any given registration period with a maximum of 12 credits applied toward graduation.

IMPORTANT INFORMATION:

- Some internships, such as clinical, require a contract/Site Agreement/certificate of liability insurance.
- Any expenses for a background check/drug test or any other associated cost is the student’s responsibility.
- NO internships may be done in the state of CA.

Site Agreement Information: IS a Site Agreement REQUIRED? Yes No

IF SO, DO NOT APPROVE THIS INTERNSHIP UNTIL SITE AGREEMENT IS COMPLETED.

SITE AGREEMENT on File: Yes No

Division Chair Has Copy: Yes No

Acknowledgment of Site Agreement Responsibilities is attached: Yes No

ALL the information on this form MUST be completed before the form will be processed.

Course Prefix: _____ Number (check one): 269 369 469 Semester Hours _____ Semester/Yr. _____

STUDENT INTERN INFORMATION

PLEASE PRINT INFORMATION

Student Name: _____ **Brevard College ID:** _____

Home Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone #:** _____

Must attach course syllabus with form. Syllabus must include learning goals, objectives and outcomes.

Brief Description of Internship/Practicum:

Supervisor Email Address: _____

Dates: Begin Date _____ End Date _____ Hours per week _____

INTERNSHIP SITE INFORMATION

Business/Organization: _____

Name of Supervisor: _____ Title _____

Address: _____ City: _____

State: _____ Zip: _____ Organization Phone #: _____

Supervisor Email Address: _____

Dates: Begin Date _____ End Date _____ Hours per week _____

Printed Name & Signature of Faculty Supervisor Date

Signature of Division Chair Date

Print Name & Signature of On-Site Supervisor Date

Signature of Student Date

Please return form to the Office of the Registrar, Beam Administration Building

<p>OFFICE USE ONLY</p> <p>Date Received in the Office of the Registrar: _____ Date Processed: _____</p> <p>Notified: _____ Faculty Supervisor _____ Division Chair _____ Student _____ Entered in Spreadsheet</p>
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