

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/Memorandum of Understanding/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.

Memorandum of Understanding (MOU) Information: IS A MOU REQUIRED? Yes No
IF SO, DO NOT APPROVE THIS INTERNSHIP UNTIL MOU IS COMPLETED.

MOU on File: Yes No **Division Chair Has MOU:** Yes No

Acknowledgment of MOU 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 #:** _____

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** _____

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

Brief Description of Internship/Practicum:

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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