For RC use only.

Date Added:_____
Initials: _____
Notified: _____

DEFIANCE COLLEGE
To Know ◆ To Lead ◆ To Serve ◆ To Understand

Application for Experiential Learning Design – Internship

Date filed _____ Term/Year _____/_____ Termcode _____
(Completed by Registration Center)

Name _____ Student ID _____ Campus Mailbox _____

Student Local Phone _____ Faculty Supervisor _____ **Grading is P/F**

Begins _____ Ends _____ Site _____ Position _____

Internship: Department (e.g. CJ or AC) ___ Number (circle one): 191 291 391 491 Credit hours: ___

(Attach extra sheet only if more room is necessary)

Learning Goals:

Activities in which you will participate to meet Learning Goals:

Means of Evaluation:

__ Journal
__ Regular conferences with work-site sponsor
__ Reports to field experience office/faculty moderator
__ Site visit
__ Mid-term/final evaluation by work-site sponsor
__ Final summary paper
__ Follow-up session
Other: _____

_____ _____
Student signature date Faculty Supervisor signature date

_____ _____
Work-Site Sponsor signature date Division Head signature date

Overload approval (17.5 hours or more) required by Registrar _____

Please return this entire form to:
Registration Center, Defiance College, 701 N Clinton St, Defiance, OH 43512

Office Hours: 8:00 to 4:30 pm M-F **Phone**: 419-783-2400 **Fax:** 419-783-2579

9-2007