Application for Experiential Learning Design – Internship

Name ___________________________ ID # ______________________

INTERNSHIP: DEPARTMENT (EX CJ OR AC) __
CIRCLE NUMBER: 191 291 391 491
CREDIT HOURS: __

Faculty Supervisor ____________________ Grading is P/F

Begins ___________ Ends ______________ Site __________________ Position ____________

Termcode ____________
(Completed by Registrar’s Office)

Learning Goals: (Attach extra sheet only if more room is necessary)

Activities in which you will participate to meet Learning Goals:

Means of Evaluation:

__ Journal
__ Regular conferences with work-site sponsor
__ Site visit
__ Mid-term/final evaluation by work-site sponsor
__ Reports to field experience office/faculty moderator
__ 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 __________________________ date _____________

Please return this entire form to:
Registrar Office, Defiance College, 701 N Clinton St, Defiance, OH 43512
email: registrar@defiance.edu
Office Hours: 8:30 to 4:30 pm M-F Phone: 419-783-2551 Fax: 419-783-2579

Date Added: ______ Initials: ______ Notified: ________