

# INTERNSHIP REGISTRATION FORM

Student Name: \_\_\_\_\_ ID Number: \_\_\_\_\_ Semester/YR: \_\_\_\_\_

- Trinity enables students to earn up to six academic credits for internships that complement their academic program. The internship is to be a structured and supervised professional work experience with an accepted employer. Each credit requires forty hours of work on site. A three credit class breaks down to 10-12 hours of work per week during the fall and spring semesters.
- Credit for internships must be approved in advance. Credit will not be granted retroactively.
- We recommend beginning the registration process 4-6 weeks before the internship begins. **The deadline for internship registration is fifteen business days after add/drop.**
- A learning agreement must be turned into your internship instructor within ten days after the start of your internship. A sample learning agreement is on the back of this form.

**To register for a credit bearing internship students must do the following**

1. Complete this form. Return it to The Center for Experiential Learning and Career Success (CELCS), located in Coates University Center, suite 215. Only complete forms will be accepted.
2. E-mail [exl@trinity.edu](mailto:exl@trinity.edu) for a link to complete the Internship Pre-Survey about your internship expectations.
3. Work with your site supervisor to identify specific learning goals for your internship. E-mail your completed learning agreement to your internship instructor within five days of starting your internship.

Register student in:

				Internship in _____	
<b>Subject</b>	<b>Course #</b>	<b>Section #</b>	<b>Credit hours</b>		<b>Course Title</b>

**Information for Employer Verification**

CELCS will contact your employer to verify your internship details.

Host Organization: \_\_\_\_\_

On-Site Supervisor Name and Title: \_\_\_\_\_

On-Site Supervisor E-mail and phone: \_\_\_\_\_

**Signatures for Trinity Approval**

Course instructor's name: _____	Signature: _____	Date: _____
Academic Adviser Name: _____	Signature: _____	Date: _____
Department Chair's Name: _____	Signature: _____	Date: _____
Student Signature: _____		Date: _____

Staff in The Center for Experiential Learning and Career Success (CELCS) verify that all registration information has been collected.

Printed Name: _____	Signature: _____	Date: _____
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If you discontinue this internship it is your responsibility to contact the registrar immediately to let the university know your last day of attendance at the site.

# Sample Internship Learning Agreement

Turn this in to your internship instructor within five days of starting your internship

Student Name \_\_\_\_\_ Semester/Year \_\_\_\_\_

## A. Assignment Details

Name of Organization: \_\_\_\_\_

Your title: \_\_\_\_\_

Supervisor Name and Title: \_\_\_\_\_

Supervisor E-mail: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

## B. Learning Goals

1. **Career Exploration** – Increase your awareness about what you are looking for in a career.

- How will this internship influence career planning or advance your professional goals?
- Consider what kind of organizational environment suits you and why, and what types of roles suit your interests and abilities.

2. **Transition into work**- Identify differences between your responsibilities as a student and as an employee. What habits can you create to help you succeed in a working environment and lifestyle.

3. **Knowledge & Skills**- Identify three specific knowledge or skill areas you would like to gain through this internship. Your choices can be a blend of soft skills like time management or effective communication and hard skills like spreadsheet modelling or press release writing. Make a plan for how you will work towards these goals by breaking them down into specific activities.

### Signatures

Student \_\_\_\_\_ Date \_\_\_\_\_

On-Site Supervisor \_\_\_\_\_ Date \_\_\_\_\_