OGLETHORPE
UNIVERSITY

INTERNSHIP APPEAL FORM

Name: _____ **Student ID:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Faculty supervisor for this internship _____

Current Class Standing: _____ **Cumulative GPA:** _____ **Major GPA:** _____

Internship Site: _____

(To be completed by the faculty supervisor by the drop/add date)

This appeal form should only be submitted if the student is seeking more than four hours of academic credit. Students who do not meet the 2.0 GPA or sophomore status are not eligible to appeal.

Number of credits requested: _____

Students should spend a minimum of 30 documented hours on-site for each credit hour earned. Please indicate the number of credit hours you are willing to grant the student, why you feel that number is justified, and the academic requirements and evaluation criteria you will use. Students must be supervised by professional staff and should not be exclusively engaged in administrative work.

Appeals should express why this internship exceeds the normal number of hours awarded, additional projects the student will participate in, and how the student will meet the required number of contact hours.

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Signature of Faculty Supervisor: _____ **Date:** _____

Please return to: Lisa Littlefield, Director of Career Services, Oglethorpe University 4484 Peachtree Road, NE, Atlanta, GA, 30319. Fax: (404) 504-3449