OGLETHORPE
UNIVERSITY

INTERNSHIP REGISTRATION FORM

Name: _____ ID Number: _____

Major _____ Minor _____

Phone: _____ Email _____
Telephone number that will be active during this internship — You are required to have a valid email account that you check weekly

**** Academic credit for all internships is awarded on a pass/fail basis.**

Internship Course/Credit Information

Internship Credit to be earned semester/session _____ Year _____

Internship to begin _____ Internship to end _____
Month/Year — Month/Year

Course Number	Course Title	Credit Hours

Internship Authorization

Student Signature:_____ Date _____

Faculty Supervisor: (Please Print) _____

Faculty Supervisor Signature: _____ Date_____

Academic Advisor: (Please Print) _____

Academic Advisor Signature: _____ Date _____

Career Services Signature: _____ Date _____

Registrar's Office: _____ Date _____