

**UNDERGRADUATE ACADEMIC INTERNSHIP REQUEST FORM**

Name: \_\_\_\_\_ NSU ID: \_\_\_\_\_ Major: \_\_\_\_\_

Internship Semester/Year: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Are you on F-1 Visa? Yes\_\_ No\_\_

**\*If yes complete CPT Form**

**This form must be received no later than the specific date noted for the semester in which the internship is requested  
(Fall: August 1<sup>st</sup>, Winter: December 1<sup>st</sup>, Summer: April 1<sup>st</sup>)**

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**Step 1: CAPS – Academic/Edge Advising**

Internship eligibility is dependent on department-specific academic requirements at the time of application. Speak with your Academic/Edge Advisor to gain information on deadlines impacting registration and academic credit.

I, \_\_\_\_\_, have determined that the above-named student meets internship requirements  
(Print Advisor's Name) and I have specified the student's GPAs and credit hour below.

Cumulative GPA: \_\_\_\_\_ Major GPA: \_\_\_\_\_ Earned NSU Credit Hours: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Step 2: CAPS – Career/Edge Advising**

Make an appointment with a Career/Edge Advisor in the Center for Academic and Professional Success. In this meeting, you and the Career/Edge Advisor will discuss strategies to find and secure an internship if you do not already have one or discuss the internship you have in mind if you do already have one secured.

Advisor Name: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Center for Academic and Professional Success will send form to the Academic Department Contact once internship site has been secured and approved*

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**Step 3: Academic Department**

Speak with the department contact to identify and designate a faculty supervisor and to review internship site options. To determine who your academic department contact is, visit [www.nova.edu/internships](http://www.nova.edu/internships).

Department Contact Name: \_\_\_\_\_

Department Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Member Name: \_\_\_\_\_ Semester/Year: \_\_\_\_\_ # of Credits: \_\_\_\_\_

Faculty Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Course Prefix and Number: \_\_\_\_\_ Section: \_\_\_\_\_ CRN: \_\_\_\_\_

*The Academic Department will send completed form to [caps@nova.edu](mailto:caps@nova.edu)*

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