

HCBE Graduate Academic Internship Request Form

STUDENT INFORMATION	
Name:	NSU ID:
Degree and Concentration:	Internship Semester/Year:
Email:@mynsu.nova.edu	Phone:
Student's Signature:	Date:
Are you on F-1 Visa? Yes No (If yes complete the CPT form located at https://www.nova.edu/internatesubmit to your academic advisor)	tionalaffairs/students/forms/cptgp.pdf and
This form must be submitted to your Academic Advisor no later than the internship is requested. Fall: July 20 th , Winter: November 16 weeks in the fall and winter semesters and 12 weeks during the sur completed no later than the add drop period for the start of the semesters.	20 th , Summer: April 1 st . Internships are nmer. Internships registration must be
STEP 1: ACADEMIC ADVISI	NG
Internship eligibility is dependent on department-specific academic requ Schedule an appointment with your Academic Advisor to gain informatic academic credit.	
I,, have determined that the ab (Print Advisor's Name)	ove named student meets internship
requirements and I have specified the student's GPA's and credit hour bo	elow.
Cumulative GPA: Program GPA: Earne	ed Program Credit Hours:
Academic Advisor's Signature:	Date:
Advisor Email Address:	

STEP 2: CAREER DEVELOPMENT

STEP 2A: APPOINTMENT WITH THE CAREER DEVELOPMENT OFFICE

Schedule an appointment with the Career Development office and meet with a Career Advisor to: (1) Create an internship strategy and/or review internship site(s) and (2) discuss how to gain the most out of your internship experience.

STEP 2B: EMAIL YOUR INTERNSHIP FORM TO THE CAREER DEVELOPMENT OFFICE

Once you have located your internship site, it is time to seek approval for your location. Email your internship materials (job description, job offer letter, and names of supervisor: international students on and F-1 Visa will also be required to submit an internship agreement form) to Nick Escalante iescalan@nova.edu. Once your site is approved, Career Development will introduce you to your academic department faculty contact via email.

Name of Organization:	
Organization Contact Information:	
Career Representative Signature: _	Date:
	STEP 3: ACADEMIC DEPARTMENT
aligned to your academic program the supervisor/employer confirmin letter of intent explaining your goal	ation, to your academic department contact, to determine if your internship is and to obtain final approval to participate in the internship. Include a letter from g the duties and number of hours to be worked per week, as well as a student s for the internship and potential outcomes upon completion. To determine who is visit the following site and select "HCBE Graduate Internship-Faculty Contacter/students/pgexp.html
Department Faculty Chair Signature	e: Date:

The Department Faculty Chair will email the completed form to the advisor listed on the form (see step 1 for advisor email) so that the overrides can be entered on the student record to facilitate registration. Please allow 48 business hours for records to be updated and the student to be contacted.

Department Chair contact will save the copy of internship materials to the college share drive.

STEP 4: ACADEMIC ADVISING

Within 48 business hours of notification the academic advisor will update the student account to facilitate registration for the student into the internship course by academic discipline. Once this has been completed the academic advisor will reach out to the student.

Upon registration, international students will need to obtain a signed CPT form from their academic advisor.

STEP 5: CAREER DEVELOPMENT (IF APPLICABLE)

International students will need to take the CPT form to the Office of Career Development for an additional signature before it can be submitted to the Office of International Students and Scholars.