

UNDERGRADUATE ACADEMIC INTERNSHIP REQUEST FORM 2018/2019

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 1st, Winter: December 1st, Summer: April 1st)**

Step 1: Academic Advising

Internship eligibility is dependent on department-specific academic requirements at the time of application. Speak with your academic 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: _____

Academic Advisor's Signature: _____ Date: _____

Step 2: Career Development

Visit 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 (3) receive internship site approval. Career Development will introduce you to your academic department contact via email.

Career Advisor's Signature: _____ Date: _____

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/career/students/internships.html.

Provide your internship site information to your academic department contact for final approval. Include a letter from the supervisor/employer confirming the duties and number of hours to be worked per week, as well as a student letter of intent explaining your goals for the internship and potential outcomes upon completion.

Faculty Member's Signature: _____ Date: _____

Department Contact's Signature: _____ Date: _____

Course Prefix and Number: _____ Section: _____ CRN: _____

Faculty Member: _____ Semester/Year: _____ # of Credits: _____

Step 4: Academic Advising

The Academic Department will send completed form to ugadvising@nova.edu