

CASTLETON STATE COLLEGE

Internship Contract

Return to the Registrar's Office

Castleton State College Castleton, VT 05735

** Completion of this form and obtaining required signatures is the student's responsibility**

Internship Information

Student Name: _____ Student ID# _____

Student Campus Box or Home Address: _____

Student Email Address: _____

Department: _____ Course # /Course Level: _____

Internship Supervisor: _____ Title of Internship: _____

Internship Supervisor Email Address: _____

Supervisor Title: _____ Company Name: _____

Company Address: _____ Company Phone: _____

Contract Information

Term: Fall__ Spring__ Summer__ Year__

Grade: Pass/Fail__ Letter Grade__

Schedule: ___Hours per week for ___ weeks Beginning ___/___/___ -- Ending ___/___/___

Total Internship Hours _____

Credits to be awarded: _____ Wage or Salary: _____ hour/week/month/semester

Please attach a separate sheet with a detailed explanation of the following:

1. Job Description
2. Objectives
3. Method of Evaluation

In order to participate in the internship program you must answer the following questions and have the information verified by the Registrar's Office.

- | | | |
|--|-------|------|
| 1. Are you a matriculated student at Castleton State College? | Yes__ | No__ |
| 2. Are you in good academic standing at Castleton State College? | Yes__ | No__ |
| 3. Have you completed 12 credits at Castleton State College? | Yes__ | No__ |
| 4. Do you have the recommendation of the academic department? | Yes__ | No__ |
| 5. Do you have the recommendation of your advisor? | Yes__ | No__ |

Student Signature: _____ Date: _____

Internship Supervisor Signature: _____ Date: _____

Faculty Supervisor Signature: _____ Date: _____

Department Chair or
Departmental Coordinator Signature: _____ Date: _____

Academic Dean Signature: _____ Date: _____
(If waiver is necessary)

For Registrar's Use Only: Official Verifying Student's Eligibility: _____

Date Received: _____