



**INTERNSHIP PERMISSION FORM**  
Career Services  
(508) 849-3345

NAME: \_\_\_\_\_ YR. OF GRADUATION: \_\_\_\_\_  
MAJOR: \_\_\_\_\_ GPA: \_\_\_\_\_

**STUDENTS: You must have all three signatures**

Anna Maria College wishes that its interns have a safe internship experience. Please read and abide by the following in order to promote your safety as an intern:

“I understand that during my internship I will not be identified as anything other than a student intern, and I agree not to place myself or allow myself to be placed in dangerous situations. If situations arise which could lead to my injury, I will withdraw from my internship duties immediately, and notify the career counselor and my faculty sponsor. Further, I agree to release Anna Maria College, the officers, staff, and AMC faculty of the College from all legal liability for any injury that I may sustain during the performance of activities as a student intern.”

(Signed): \_\_\_\_\_ Date: \_\_\_\_\_  
Student Signature

**INTERNSHIP DEPARTMENT APPROVAL**

This student is granted my approval to participate in the internship program for:  
\_\_\_\_\_ Credits during FALL \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER 1 \_\_\_\_\_ SUMMER 11  
ACCELERATED SUMMER \_\_\_\_\_

Date: \_\_\_\_\_ Signed \_\_\_\_\_  
Division Chair Signature

**STUDENT ARE REQUIRED TO HAVE A GRADE POINT AVERAGE OF 2.8 OR ABOVE**

to qualify for an internship, unless granted a special permission by the Division Chair. If that is the case, please indicate below:

Special permission granted.

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FACULTY SPONSOR**

I agree to provide faculty supervision for the above mentioned student’s internship. I will make three contacts with the on-site supervisor (in person or by phone), assess and monitor the student’s progress, and assign a final grade (PASS OR FAIL).

Date: \_\_\_\_\_ (Signed): \_\_\_\_\_  
Faculty Signature