INTERNSHIP PERMISSION FORM

Career Services
(508) 849-3345

NAME: _____ YR. OF GRADUATION:_____
MAJOR: _____ GPA: _____

STUDENTS: <u>You must have all three signatures</u>

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