

Internship Registration Form

Who needs to use this form?

- Students who wish to register for a credit bearing internship
- Do not use this form for 0 credit internships. Non-credit Internships are registered with the Augsburg Experience form.
- All off-campus credit bearing internships will satisfy the Augsburg Experience graduation requirement.

Important Notes

Internship registration is a two-step process:

1. Complete the on-line Site Agreement Form
2. Complete this Internship Registration Form

☐ Internship Site Agreement Form submitted for supervisor approval.

How to Submit

In person:

Enrollment Center
Sverdrup Hall 101

By email or fax:

registrar@augsborg.edu

Fax: 612-330-1425

1. Student Information

Student Name: _____
Last First Middle

Augsburg ID: _____ Phone: _____ Augsburg Email: _____

2. Internship Academic Information

2 Credits	6 hours/week = 80 hours	Off-campus course number 397	On-campus course number 398
4 Credits	12 hours/week = 160 hours	Off-campus course number 399	On-campus course number 396

Department Code and Course Number: Use the 3 letter code for the department from which you wish to receive credit. Your faculty supervisor must be from this department (often your major).

Term / Year	Course Program	Dept / Course #	Section	Credits	Grade Option *	Start Date	End Date
			Leave blank				

* Grade Option: T=Traditional Grade, P/N = Pass/No Pass. There are a limits to the number of P/N courses a student can take. Review the catalog at www.augsburg.edu/catalog for more information or speak with Academic Advising

Job Title: _____ **Company/Organization:** _____

Required by Faculty Supervisor

- ☐ Weekly Journals
- ☐ Final Reflection Paper
- ☐ Portfolio of Project
- ☐ Updated Resume
- ☐ Additional Assignment(s)

Required by Strommen Center

- ☐ Learning Goals (online form)
- ☐ Student Self-Evaluation
- ☐ Site Supervisor Evaluation

3. Required Signatures

By signing below I accept all financial and academic obligations incurred as a result of this transaction. I understand and accept responsibility for the requirements of a credit-bearing internship as outlined by Augsburg University and my academic department.

Student Signature: _____ **Date:** _____
Sign in ink, or draw your signature with a mouse or touchscreen device. Typed digital signatures are not accepted. *MM / DD / YYYY*

By signing below I approve this student internship proposal and verify it meets the minimum requirements for an internship in my academic department and agree to serve as the faculty supervisor by overseeing the completion of the requirements and awarding a grade at the completion of the experience.

Faculty Supervisor Signature: _____ **Date:** _____
Sign in ink, or draw your signature with a mouse or touchscreen device. Typed digital signatures are not accepted. MM / DD / YYYY

By signing below I verify this internship proposal meets the minimum requirements for an internship in my academic department.

Department Chair Signature: _____ **Date:** _____
Sign in ink, or draw your signature with a mouse or touchscreen device. Typed digital signatures are not accepted. *MM/DD/YYYY*

By signing below I verify this student has received information regarding the minimum requirements for internship for-credit at Augsburg University and has submitted the required documents for academic internship registration.

Strommen Center Signature: _____ **Date:** _____

Registrar's Office Use Only

Received Date: _____ Processed By: _____ Processed Date: _____

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