



COLLEGE OF
MOUNT SAINT VINCENT

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OXLEY CAREER EDUCATION PROGRAM
INTERNSHIP REGISTRATION FORM

STUDENT NAME: _____ **ID#:** _____

CELL PHONE: _____ **E-MAIL:** _____

DEPARTMENT: _____ **COURSE:** _____ **CRN#** _____

TERM/YEAR OF INTERNSHIP: _____

- 1) Please obtain the signature of your academic advisor and the Internship Faculty Supervisor in your department.
- 2) Bring to Career Education and Internship Office (Founders Hall - 408 C) to have registration hold removed.

*** Please note this form is only to give approval for registering for an Oxley or academic department internship course.**

1. ACADEMIC ADVISOR:

Name	Signature	Date
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2. DEPARTMENT INTERNSHIP FACULTY SUPERVISOR:

Name	Signature	Date
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INTERNSHIP FACULTY SUPERVISORS:

Business – Dr. Nina Aversano

Biology – Dr. Ana Ribeiro

Biochemistry – Dr. Pamela Kerrigan

Communication – Dr. Cynthia Meyers

English – Dr. Cathryn McCarthy

History – Dr. Joseph Skelly

Psychology – Dr. Daniel Hrubes

Sociology – Dr. Alfred D'Anca

Writing – Dr. Barbara Smith

3. DIRECTOR OF CAREER EDUCATION OR INTERNSHIP COORDINATOR:

Signature	Date
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