CAREER

Registration in the internship course will be finalized after the following steps have been completed:

STEP 1) **Student** fills out and signs top portion of this form, the waiver of liability form, and the course registration form (*available in the Career Services office CTC-203*).

STEP 2) **Program Coordinator** approves the worksite, signs this form and directs student to Career Services.

STEP 3) **Career Services Associate** finalizes the course registration with the Registration Office after reviewing and signing this form, the waiver of liability form as well as the course registration form. Career Services also records the internship for tracking purposes.

Note: Incomplete forms will not be processed for course credit.

PART 1   *To be completed by the student.*   **Please Print Clearly.**

Student ID # _____   Student Name: _____
                                                                              Last   First   M.I.

Student email: _____   Student Phone #: _____

Internship Program of Study: _____

Program Coordinator: _____

Internship Course Number _____ and Section: _____

Which semester are you registering for the course credit?   ☐FALL   ☐SPRING   ☐SUMMER   Year: 20_____

Internship Worksite (Company) Name: _____

Worksite Address: _____
                                             Street   City   State   Zip

Site Supervisor: _____   Title: _____

Supervisor Phone #: _____   Email: _____

Start Date (*month/day/year*): _____   Anticipated Completion Date (*month/day/year*): _____

      ☐ Unpaid Internship   *OR*   ☐ Paid Internship, list hourly rate $ _____

Student Signature: _____   Date:_____

PART 2 *To be completed by the Program Coordinator.*

Please do not sign until the internship worksite and course number is filled out by student on this form. The Course Registration and Waiver of Liability forms are available in the Career Services office CTC-203.

Direct the student with the forms to Career Services to finalize the registration process.

I approve the internship site and authorize the student to register for the course.

I have directed the student to return the forms to Career Services for processing.

Program Coordinator Signature: _____ Date: _____

PART 3 *To be completed by Career Services Associate.*

The student's course registration form was processed by the Registration Office.

Career Services Staff Signature: _____ Date: _____

IVCC Career Services, CTC-203 Contact us at: 815-224-0502 or lisa_witalka@ivcc.edu

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Career Services Document
Q:\Internship and Work Study Forms\CS Internship Centralization Documents\Internship Intake Forms

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