



**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-202A*).
- 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-202A.  
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 Specialist.**

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

Career Services Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IVCC Career Services, CTC-202A Contact us at: 815-224-0502 or doris\_burke@ivcc.edu