INTERNSHIP CONTRACT IN GERMAN
Germanic and Slavic Languages and Literatures
Course #: GERM 493 Three Credit Hours = 100-Hour Minimum Internship

APPLICANT INFORMATION:
Student Applicant’s Name: ___________________________ PID: ________________
E-mail: ___________________________ Phone #: ___________________________
Date of Application: ___________ Credit Hours Sought: ____________
Major: ___________________________
Class: SENIOR ☐ JUNIOR ☐ SOPHOMORE ☐ FIRST YEAR ☐
Semester Requested: FALL ☐ SPRING ☐ SUMMER I ☐ SUMMER II ☐ YEAR _____
Current GPA: CUMULATIVE ___________ MAJOR ___________
INSTRUCTOR OF RECORD AND STUDENT RESPONSIBILITIES:
I have read the requirements expected of the instructor, agree to undertake these responsibilities, and will abide by the Honor Code’s responsibilities of faculty.
Instructor __________________________________________ Date ______________________

I have read the requirements expected of the student, agree to undertake these responsibilities, and will abide by the Honor Code’s responsibilities of students.
Student __________________________________________ Date ______________________

* INTERNSHIP COORDINATOR:
This application for Internship has been reviewed. The proposal is
☐ APPROVED AS IS
☐ REQUIRES MORE INFORMATION (provide details and return to instructor and student)
☐ NOT APPROVED (provide rationale) ____________________________________________

School/Department/Program Independent Study Coordinator _______________ Date __________

* If the Internship Coordinator is not the Department/Curriculum Chair, the Director of Undergraduate Studies (DUS), or another Faculty Designee of the Chair, then the Chair or the DUS must also approve this contract.

** CHAIR OR DIRECTOR OF UNDERGRADUATE STUDIES (whichever is applicable):
This application for Internship has been reviewed. The proposal is
☐ APPROVED AS IS
☐ REQUIRES MORE INFORMATION (provide details and return to instructor and student)
☐ NOT APPROVED (provide rationale)

Chair/Director of Undergraduate Studies/Faculty Designee/SAD _______________ Date __________

** If the Chair is the student’s Internship supervisor, this form must be signed by the Chair’s Senior Associate Dean (SAD).

Note: Departments/Curricula must maintain copies of this contract for a minimum of two years.