To receive academic credit, you need permission from the Department Chair in your major and must meet all other departmental requirements. Take this form to your Department for completion of this section.

Approved By ___________________________ Date ______________________

Department Chair in your major
Course Number ___________________________ CRN ______________________
Course Name ___________________________

After academic credit has been approved, please see the department secretary for course permit in order to register.

Permitted by Administrative Assistant ☐

If you are currently not authorized to work in the U.S you must attach a letter from the proposed internship employer which includes job duties. This must also have approval of the department chair.
This employment opportunity is an integral part of an established curriculum per NAFSA Advisors Manual 3.39.2

Signature of Department Chair or Department Authorized Signee ___________________________ Date ______________________
Please indicate that you have read and understand each section below by signing your initials in the space provided.

_____ I understand that applying to participate in UNA’s Internship Program does not guarantee acceptance into the program nor does it guarantee employment as an internship student. I acknowledge that the University is not my employer nor does it determine the final selection, hiring, or direct supervision of me as an internship student. The University is not liable for on-the-job injuries or adverse employment problems.

_____ I understand that in order to receive academic credit for this experience I must submit a complete application package to Career Planning and Development prior to beginning work. I must also contact my academic advisor prior to registering for classes.

_____ I understand that this form is only part of the information required to participate in the Internship Program. Participation is not approved/finalized until (1) this 2-page application form, employer memo of understanding, and job description are submitted and approved, and (2) I am properly registered for the approved Internship course.

_____ I understand and agree that the Internship Program provides opportunities for either part-time or full-time participation. I further agree that I am participating in the Program to enhance my educational experience toward completion of an academic degree. While not working in the internship position, I will be pursuing a degree on a substantially full-time basis to the extent that I am able.

_____ I agree that upon accepting an internship position, I will complete my work assignment in full. In case of extenuating circumstances, I will notify (in advance) Career Planning and Development and my employer of any necessary alterations of the work assignment.

_____ I understand that to maintain financial aid, I must talk to Student Financial Services before beginning my internship.

_____ I understand I am held accountable to the University Code of Conduct and University policies.

I hereby authorize, pursuant to section 438(b)4(B) of the Family Education Rights and Privacy Act of 1974, Career Planning and Development to obtain and to release, on my behalf, to actual and prospective employers, such information contained in my academic records as is necessary to aid such employers in assessing my potential and eligibility for Co-op/Internship positions. I understand that at an employer’s request Career Planning and Development will furnish student grades to my employer.

I have read and understand all statements in the application. I also certify that all information provided is true and accurate to the best of my knowledge.

Student Signature ____________________________ Date ________________

Submit this completed application to Career Planning and Development, Room GUC 202