DEFIANCE COLLEGE
To Know ◆ To Lead ◆ To Serve ◆ To Understand

For RO use only.

Date Added:_____
Initials: _____
Notified: _____

Application for Experiential Learning Design – Internship

Name _____ ID # _____

INTERNSHIP: DEPARTMENT (EX CJ OR AC) __
CIRCLE NUMBER: 191 291 391 491
CREDIT HOURS: __

Faculty Supervisor _____ **Grading is P/F**

Begins _____ Ends _____ Site _____ Position _____

Termcode _____
(Completed by Registrar's Office)

Learning Goals: (Attach extra sheet only if more room is necessary)

Activities in which you will participate to meet Learning Goals:

Means of Evaluation:

__ Journal
__ Regular conferences with work-site sponsor
__ Reports to field experience office/faculty moderator
__ Site visit
__ Mid-term/final evaluation by work-site sponsor
__ Final summary paper
__ Follow-up session
__Other: _____

_____ _____
Student signature date Faculty Supervisor signature date

_____ _____
Work-Site Sponsor signature date Division Head signature date

Overload approval (17.5 hours or more) required by Registrar _____

Please return this entire form to:
Registrar Office, Defiance College, 701 N Clinton St, Defiance, OH 43512
email: registrar@defiance.edu

Office Hours: 8:30 to 4:30 pm M-F **Phone**: 419-783-2551 **Fax:** 419-783-2579