



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

\_\_\_\_\_  
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