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