



ADP INTERNSHIP ELIGIBILITY FORM

Revised 08/02/17

Students:

- 1. First step: You must contact the Program Chair in your Major to confirm your eligibility for an Internship.
2. Next step: You must complete this Form before Registering for this Course.

Note: Academic credit for an internship will not be awarded until the student completes the following: A) This form with all the necessary signatures obtained. B) Registers for the course. C) Participates in the classroom component of this course. D) Participates in the academic requirements as indicated such as: classroom participation, discussion board participation, and gradable assignments.

If you have any questions, please contact the Career Services office at: 203-596-4504 or email: careerdev@post.edu

Student completes the following:

- 1. Name (print): \_\_\_\_\_ State of Residence: \_\_\_\_\_
2. Major: \_\_\_\_\_; Minor: \_\_\_\_\_; Concentration: \_\_\_\_\_
3. Course Number & Section \_\_\_\_\_ Course Title \_\_\_\_\_
4. Semester/Mod/Year Internship will be taken: \_\_\_\_\_ Credit Hours: \_\_\_\_\_
5. Course Instructor: \_\_\_\_\_ Student ID#: \_\_\_\_\_
6. Number of required hours required on site: \_\_\_\_\_
7. Site Name, Address, State: \_\_\_\_\_
8. Intern Responsibilities: \_\_\_\_\_
9. Site Supervisor Name & Email: \_\_\_\_\_

10. Site Phone: \_\_\_\_\_

11. The required prerequisite(s) for this Course are: \_\_\_\_\_

12. Student initials and dates all of the following:

a) Student affirms that he/she has completed all Prerequisites for this Course: \_\_\_\_\_

b) Student affirms that his/her GPA meets or exceeds 2.5: \_\_\_\_\_

c) Student affirms that this Course is part of his/her Major \_\_\_\_; Minor \_\_\_\_; Concentration: \_\_

d) Student affirms that this Course does not exceed the 6 credit limit policy for Internships: \_\_\_\_\_

e) Student affirms that he/she has received and read the Course Syllabus obtained from Instructor or Program Chair: \_\_\_\_\_

13. Student Signature: \_\_\_\_\_

14. Student Email PRINT: \_\_\_\_\_ Phone: \_\_\_\_\_

15. Student goes to Program Chair

APM:

16. Program Chair confirms all of the above, #1 - #12 (sign and date): \_\_\_\_\_

17. Program Chair Returns Form to Student

**The Student sends the Form to their ADP Academic Advisor. From this point forward each required signature forwards the Form to the next via a scan/fax email with the words "INTERNSHIP ELIGIBILITY FORM" in capital letters in the subject line.**

1. *Academic Advisor*

(sign) \_\_\_\_\_  
Date

2. *Career Services* (sign)

\_\_\_\_\_  
Date

3. *Office of Student Finance* (sign)

\_\_\_\_\_  
Date

4. *Registrar* \_\_\_\_\_  
Date

END OF FORM

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