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INTERNSHIP ELIGIBILITY FORM

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*Note: Pages 1 and 2 are to be completed before submitting this form to Post University faculty and staff for signatures. Guidelines may be found on page 3 of this document.*

**Academic credit for an internship will not be awarded until the student completes the following:**

- A. Registers for the course
- B. Participates in all academic requirements associated with the course, including classroom and discussion board participation and gradable assignments
- C. Obtains all necessary signatures on this form:
  - Academic Advisor/ASC – to confirm academic requirements are met
  - Program Chair – to verify internship site information
  - Career Advisor – for tracking purposes
  - Office of Student Finance – to confirm eligibility to receive credits for the course
  - Registrar – to register for the course once all other signatures have been obtained

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**STUDENT INFORMATION**

Check all that apply:

ADP  MAIN CAMPUS  INTERNATIONAL  MILITARY

Name (print): \_\_\_\_\_

Student ID#: \_\_\_\_\_ State of Residence: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Concentration: \_\_\_\_\_ **Academic**

**Advising:**

Course Number & Section: \_\_\_\_\_ Course Title: \_\_\_\_\_

Term/Semester Internship will be taken: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

GPA: \_\_\_\_\_

Has the student reached Junior status? Yes  No

Hours Required on site: \_\_\_\_\_

*All of the above information has been verified. It has been confirmed that the student has met the requirements to receive credits for this Internship.*

**Academic Advisor/ASC:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**International Student Advisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*Note to Advisor/ASC: Forward signed form to the Program Chair for verification and approval\*\***



**INTERNSHIP SITE INFORMATION**

Site Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Job Title: \_\_\_\_\_

Site Supervisor Name & Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Start Date:

\_\_\_\_\_ Hours Required On site: \_\_\_\_\_

Internship Responsibilities (Attach description if applicable):

\_\_\_\_\_  
\_\_\_\_\_

Is the internship site your current place of employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are you required to carry malpractice/liability insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are you required to have a recent criminal background check?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are you required to have a child abuse clearance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are you required to have a contract agreement signed by Post?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

*All the above information has been verified. It has been confirmed that the tasks associated with this Internship are aligned with the student's major. This signature authorizes that the student may be registered.*

**Program Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Practicum Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*HSV ONLY\*\***

**\*\*Note to Program Chair: Forward signed form to CCPD for CNS tracking\*\***

The following signatures must be obtained AFTER the Program Chair has approved the student's request to receive academic credit for the Internship mentioned in this form.

1. **Career Advisor (CCPD):** \_\_\_\_\_ **Date:** \_\_\_\_\_

2. **Office of Student Finance:** \_\_\_\_\_ **Date:** \_\_\_\_\_

3. **Registrar:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## GUIDELINES FOR THE INTERNSHIP ELIGIBILITY FORM

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*Note: Page 3 is for instructional purposes only and should not be submitted with pages 1 and 2.*

### **Post University's Internship Guidelines:**

To qualify for a credit-bearing internship, students must meet the following criteria:

- Internship in your major
- Minimum Junior status
- Minimum GPA of 2.5
- Course prerequisites in your major (Check with Program Chair)
- Maximum 6 credits of internships toward earning a bachelor's degree

### **Students:**

1. Contact your Academic Advisor/Academic Success Counselor to confirm that you have met the prerequisites for your Internship.
2. The Program Chair MUST verify your Internship before it can be approved to receive credit.
3. Academic credit for an internship will not be awarded until the student completes the following:

A. Obtains all necessary signatures on this form:

- Academic Advisor**
- Program Chair (HSV – Practicum Coordinator)**
- International Student Services – *Must be signed if the 'International box' is checked***
- Career Advisor**

★ **John P. Burke School – Colin Osborn | [cosborn@post.edu](mailto:cosborn@post.edu)**

★ **The School of Arts & Science – Steph Beach, M. Ed | [sbeach@post.edu](mailto:sbeach@post.edu)**

★ **Malcolm Baldrige School of Business – Kristen Gillespie, MBA | [kgillespie@post.edu](mailto:kgillespie@post.edu)**

- Office of Student Finance**
- Registrar**

B. Registers for the course

C. Participates in all academic requirements associated with the course, including classroom and discussion board participation and gradable assignments

**FOR ASSISTANCE WITH PREPARING FOR YOUR INTERNSHIP, CONTACT YOUR CAREER ADVISOR  
IN THE CENTER FOR CAREER AND PROFESSIONAL DEVELOPMENT OFFICE.**