



# SOUTHERN VIRGINIA UNIVERSITY

## Office of the Registrar

One University Hill Drive • Buena Vista, VA • 24416 • Phone: (540) 261-4343 • Fax: (540) 261.4245

### Approval of Internship by Advisor

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Current Local Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Internship Location: \_\_\_\_\_

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

Supervisor Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

Course Number for Internship: \_\_\_\_\_ Number of Credits: \_\_\_\_\_

Term of Internship: Fall: \_\_\_\_\_ Spring: \_\_\_\_\_ May: \_\_\_\_\_ June: \_\_\_\_\_

Number of Weeks: \_\_\_\_\_

Description of Internship:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Benefits Offered: Insurance \_\_\_\_\_ Housing \_\_\_\_\_ Salary \_\_\_\_\_ Board \_\_\_\_\_ Other \_\_\_\_\_

If Medical Insurance is required by the internship site, indicate insurance company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

I understand that I am not to engage in other classes or employment during my Internship: Yes \_\_\_\_\_ No \_\_\_\_\_

Other Conditions: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Internship Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_