Internship Form: Application & Contract
-Connecting the Classroom to Life Experiences

Please return a copy of this application form to:
Registrar’s Office, David Hall, Sierra Nevada College, 999 Tahoe Boulevard, Incline Village, NV 89451
Note: For three-credit internships, students must return this application prior to the first day of classes. Only 12 internship credits can be used towards the student’s degree requirements.

Student Information (Print Clearly)

Student Name: ____________________________________________________________
SNC Email: ___________________________
Student ID No.: __________________________________________________________
Address: ________________________________________________________________
刺客栏: Home Phone: ___________________________ Work Phone: _______________________
Class Standing: FR SO JR SR   SNC Graduation Date: ____________________________
SNC Major: ______________________________________________________________
Academic Advisor: _________________________________________________________

Registration Information

Course Title: ______________________________________________________________
Subject: _____________ Course Number: _____________ Semester Credit Value/Hours: ____________

Internship Information (Print Clearly)

Organization Name: _______________________________________________________
Field Internship Supervisor Name: ___________________________ Title: ________________
Email: ___________________________________________________ Phone No.: _______________________
Description of internship duties: ______________________________________________

Semester of Enrollment: _______________ Academic Credits/Intern Hours: ______ / ______
Estimated Start and Finish Dates: ______________________________________________
List 3 goals for the intended internship: (1) __________________________________________
                                    (2) __________________________________________
                                    (3) __________________________________________
The purpose of the internship contract is to affirm the responsibilities of the student intern, the SNC faculty advisor, and the field internship supervisor. In consideration of the mutual provisions herein, the parties hereby agree as follows:

It is understood that the student intern is responsible for:
- Completing all requirements of the internship program;
- Maintaining satisfactory work performance;
- Accepting challenges as opportunities and demonstrating skills in effective communication, social intelligence, and integrity;
- Meeting with the SNC faculty advisor for a minimum of three (3) class sessions to review the intern’s progress and assess work performance; and
- Abiding by all rules and regulations of the internship site.

It is understood that the SNC faculty advisor is responsible for:
- Teaching, coaching, and assessing student learning objectives throughout the internship experience;
- Scheduling a minimum of three (3) meetings during the semester of the internship experience; and
- Communicating with field internship supervisor throughout the semester and providing a copy of the student performance evaluation to the supervisor.

It is understood that the field internship supervisor is responsible for:
- Challenging, mentoring, supervising, and coaching the student intern throughout the internship experience;
- Communicating with faculty advisor throughout semester, as needed; and
- Submitting the final student performance evaluation.

Signing this contract affirms that the commitment to internship hours, and the responsibilities listed above are acceptable to the Student Intern, the SNC Internship Advisor, and the Field Internship Supervisor.

ENROLLMENT IN AN INTERNSHIP IS A CONTRACT AND BECOMES PART OF THE STUDENT’S LOAD. PROCEDURES FOR WITHDRAWAL FROM SUCH COURSES ARE THE SAME AS FOR REGULARLY SCHEDULED COURSES.

By signing below, I certify that I received and read the departmental Internship guidelines and agree to comply with its stated provisions.

Student Signature: ____________________________ Date: __________________________
Program / Department Chair: ____________________________ Date: __________________________
SNC Faculty Advisor Signature: ____________________________ Date: __________________________
Field Internship Supervisor Signature: ____________________________ Date: __________________________
Registrar’s Office: ____________________________ Date: __________________________