

HEARTLAND COMMUNITY COLLEGE
Internship Approval & Enrollment Form

Date: _____ Course Title: _____

Name: _____ Student ID #: _____

Course Number: _____ Section: _____ Faculty Advisor: _____

Credit Hour(s): _____ Begin Date: _____ End Date: _____

Semester: ___ Summer ___ Fall ___ Spring

INTERNSHIP CONTACT INFORMATION

Internship Site: _____

Site Address: _____ City, State, Zip: _____

Site Supervisor: _____ Title: _____

Phone #: _____ Fax #: _____ E-mail: _____

Student: _____ Date: _____

I approve of the internship described for the above named student as an appropriate work-based educational experience within this academic department. I agree to serve as the internship Faculty Advisor and submit a final grade:

Faculty Advisor: _____ Date: _____

Dean/Division Chair: _____ Date: _____

Please forward to the next person listed. Once signatures are obtained, return the form to Records Office (CCB 1600). Keep a copy for your records.

HCC Records Office Use Only

Start Date: _____ End Date: _____ # of Days: _____

Refund: _____ Mid-term: _____ Withdraw: _____

Session: _____

CHANGES: _____

Entered by: _____ Date: _____

Entered by: _____ Date: _____