

**Chadron State College Internship Program
ENROLLMENT FORM**

Name: _____ NUID: _____ Date: _____

Address during school year: _____

Permanent Home Address: _____

Phone: (____) _____ Cell Phone:(____) _____

E-Mail Address: _____ Academic Advisor: _____

Major(s): _____ Minor(s): _____ Expected Grad. Date _____

Year in School (circle): FR SO JR SR GR Cum GPA: _____

I intend to pursue an internship at: _____

I am seeking _____ credit hours for the _____ semester (Fall/Spring/Summer)

I want my internship credits to be in _____ Academic Dept. (ie, ART, BIOL, HPER, PSYC, etc)

STATEMENT OF UNDERSTANDING

Please Initial

- _____ 1. I agree to comply with the program requirements, **complete and submit written requirements within the time frame established for each work experience.**
- _____ 2. I agree to discuss and obtain approval from my faculty advisor prior to beginning my internship experience (See Statement of Intent form).
- _____ 3. I understand that if I am placed in a Internship position, I will not be able to file an unemployment claim against my employer at the end of the experience. Federal Unemployment Tax Act Provision, Title XXVI, Section 3306 (c), (10), (C).
- _____ 4. I grant permission to the Internship Office to use my name in news releases, brochures, testimonials, and/or other public announcements.

Student Applicant