MISSOURI VALLEY COLLEGE – REGISTRAR’S OFFICE

INTERNSHIP PRE-APPLICATION

NAME: ______________________________   STUDENT NUMBER: ______________________

SEMESTER/YEAR: _______________           DATE: ________________

This form is for the sole purpose of informing the Registrar’s office that you are planning an internship for the term listed below. With this form, the Registrar’s office will enroll you in an internship course, however, the internship contract must follow in a timely manner.

NAME: ____________________________________________________

SS #:  ____________________________________________________

COURSE NUMBER:  ________________

CREDIT HOURS:  ________________

SEMESTER YOU ARE PLANNING INTERNSHIP: _________________

COOPERATING FACILITY:  _______________________________________

FACULTY SUPERVISOR:  _________________________________________

The Registrar’s office must have the completed & signed internship contract by the last day to drop/add for the term listed above.