

 **Elmhurst College**
INTERNSHIP COURSE FORM

Student's Name _____

Student's Address _____

City, State, Zip _____

Phone _____ Email _____

Major _____ GPA (Must be above 2.5) _____ Grad. Date _____

Emergency Contact _____ Relationship _____

Emergency Phone # _____

If my emergency contact cannot be contacted, I authorize Elmhurst College to take such emergency action as deemed necessary.

Sign _____

Are you an International Student? _____

If yes, what is your Non-Immigrant Visa Status? (F1, J1, H4, other) _____

Internship Site Name _____

Internship Site Contact Person/Supervisor _____

Internship Site Supervisor e-mail address _____

Internship Address _____

City, State, Zip _____

Internship Phone _____

Will YOU have your OWN phone number? _____

Faculty Monitor _____ Blackboard Review _____

Term _____ Credit Amount _____