Undergraduate Interdisciplinary Internship Credit

Please return to:
The Office of Academic Services
216 Administration Building
Phone: (615) 322-8400
Hours: Monday-Friday 7:30am-4:30 pm
Fax: (615) 322-8401

Student Information (all fields required):

Full Name: ____________________________________________________________

Student ID # (e.g., 162030): ____________________________________________

Classification: Freshman___ Sophomore___ Junior___ Senior___

Anticipated Date of Graduation: (Month) Aug___ Dec___ May___ (Year) 20___

Department: __________________________ Program/Major(s):________________

Phone: (_______)__________-____________________

Email Address: _______________________________________________________

__________________________________________________________________________

This form is for the program with the Vanderbilt Center for Student Professional Development ONLY. If you are pursuing another type of internship or individual study experience, do NOT use this form. If you need additional space, attach additional pages as necessary.

Attach documentation from your internship site requiring proof of registration to this form. Example: your work contract, a letter or email from their HR department or supervisor.

Date of Request: __________________________ Semester / Year of Internship: __________________________

Subject Area / Course Number / Section:

□ PINX 2985 section _____  or □ other approved course ____________________section _____

First Time Taken_____ Second Time Taken_____ Third Time Taken_____

Internship Information

Company Name: _______________________________________________________

Internship Title: _______________________________________________________

Internship completion date: ____________________________________________

Mailing Address: ______________________________________________________

City, State and Zip Code: ______________________________________________

Site Supervisor Name: □ Ms. □ Mr. _______________________________________

Supervisor Title: ______________________________________________________

Supervisor’s Phone: ___________________________________________________

Email: ______________________________________________________________

Fax: __________________________________________________________________
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Industry: (Check one)

☐ Arts/Communications/Media
☐ Consulting/Management/HR/Sales

☐ Education/Social Services/Community Organizations
☐ Engineering/IT

☐ Health/Science
☐ Finance/Real Estate/Insurance

☐ Public Service/Govt/Law

Internship Description:

Title and Description of the Scholarly Project:

__________________________________________________________________________________________________________

Student’s Name & Signature

__________________________________________________________________________________________________________

Full-time Vanderbilt Faculty’s Name & Signature

__________________________________________________________________________________________________________

Student has completed the Internship Orientation Module:

__________________________________________________________________________________________________________

Center for Student Professional Development Representative

__________________________________________________________________________________________________________

OAS use only:

Associate Dean for Undergraduate Students Name & Signature

__________________________________________________________________________________________________________

OAS Signature