



1701 North State Street, Campus Box 150436  
Jackson, MS 39210-0001  
Web: [www.millsaps.edu/records](http://www.millsaps.edu/records)  
Email: [records@millsaps.edu](mailto:records@millsaps.edu)  
Office: Academic Complex, Room 142  
Phone: 601-974-1120

### Internship Instructions

*Note: Internships are available for academic credit (1+ semester hours) on your transcript. If you are getting 1+ hours, fill out the application below and submit it to the Office of Records. Internships are also available for no academic credit (0 semester hours) and will not go on your transcript; if you are interested in this type of internship, contact the Internship Coordinator in the Center for Career Education.*

### Internship Application with the Office of Records

Please complete the following. This information will be maintained in your permanent record file.  
One copy of this form must be filed with the Records Office by the last published day to add classes.

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Student full name \_\_\_\_\_ Student ID \_\_\_\_\_

Faculty Sponsor \_\_\_\_\_

Course Code \_\_\_\_\_ Course Number 1850 – 4853 \_\_\_\_\_ Credit Hours \_\_\_\_\_ Term and Year \_\_\_\_\_

Description of internship:

**Field Agency:**

Name \_\_\_\_\_ Address: \_\_\_\_\_

**Field Supervisor:**

Name \_\_\_\_\_ Address: \_\_\_\_\_

Phone \_\_\_\_\_

Will you receive financial remuneration for this activity? \_\_\_\_\_ Amount? \_\_\_\_\_

What is the begin date? \_\_\_\_\_

What is the completion date? \_\_\_\_\_

What are the number of hours per day, weeks, and months the student will be working?

What is the method of grading? \_\_\_\_ Credit/No Credit \_\_\_\_ Letter Grade (A-F)

What is the method(s) of evaluation for the grade?

( ) Final paper ( ) Journal ( ) Attend seminars ( ) Other\_\_\_\_\_

What is the Millsaps' Faculty Sponsor's responsibility? ( ) evaluate final paper  
( ) evaluate journal  
( ) conduct on-site visits  
( ) conduct seminars  
( ) Other\_\_\_\_\_

**Signatures:**

Student\_\_\_\_\_ Date\_\_\_\_\_

(You must provide copies of the final agreement to the sponsor, advisor, and field supervisor.)

Millsaps Faculty Sponsor\_\_\_\_\_ Date\_\_\_\_\_

Field Supervisor\_\_\_\_\_ Date\_\_\_\_\_

RO staff initial and Date \_\_\_\_\_