



SOUTHERN VIRGINIA UNIVERSITY

Office of the Registrar

One University Hill Drive • Buena Vista, VA • 24416 • Phone: (540) 261-4343 • Fax: (540) 261.4245

Approval of Internship by Advisor

Name: _____ Student ID #: _____ Date: _____

Current Local Address: _____

Home Phone: _____ Mobile Phone: _____ E-Mail: _____

Name of Internship Location: _____

Location Address: _____

Supervisor Name: _____ Supervisor's Phone: _____

Course Number for Internship: _____ Number of Credits: _____

Term of Internship: Fall: _____ Spring: _____ May: _____ June: _____

Number of Weeks: _____

Description of Internship:

Benefits Offered: Insurance _____ Housing _____ Salary _____ Board _____ Other _____

If Medical Insurance is required by the internship site, indicate insurance company: _____

Policy Number: _____ Group Number: _____

I understand that I am not to engage in other classes or employment during my Internship: Yes _____ No _____

Other Conditions: _____

Student Signature: _____ Date: _____

Academic Advisor Signature: _____ Date: _____

Internship Advisor Signature: _____ Date: _____