INTERNSHIP REGISTRATION FORM

Student _____ _____ AU ID#_____
(*Last*) (*First*)

Phone _____ e-mail _____@_____

Local address _____ _____ _____ _____ _____
Apt # *Street* *City* *State* *Zipcode*

Term: ☐ Fall ☐ Spring ☐ Summer 20____ International student F-1 or J-1 visa ☐ Yes ☐ No

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Course Information Course # _____ - _____ - _____ Credits _____ ☐ A-F ☐ Pass/Fail

Faculty supervisor _____ _____
(*Last*) (*First*)

Internship Position Title _____

Job title and brief description of internship:

Internship Information Organization _____

Address _____ _____ _____ _____ _____
Room/Suite # *Street* *City* *State* *Zipcode*

Site supervisor _____ _____ Title _____
(*Last*) (*First*)

Phone _____ fax _____ e-mail _____@_____

Work Schedule Inclusive dates from ____/____/____ to ____/____/____ Hours per week _____

Days each week (check all that apply) ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ S ☐ Su

Will any part of this Internship experience be outside of the US? [ ] YES [ ] NO Location: (city/country)_____
If so, you are required to meet with the International Internship Advisor at the Career Center.
Call 202-885-1804 for an appointment.

Required Approvals:

Academic Advisor _____ Date _____

Faculty Supervisor _____ Date _____

Department Chair or Dean _____ Date _____

International Internship Advisor _____ Date _____
(if applicable)

Student's Signature _____ Date _____

INSTRUCTIONS TO STUDENTS

Obtain all required approvals and submit this completed form to the Registrar's Office along with a signed Internship Consent and Release form. You will receive confirmation by e-mail when your registration has been processed. Additional documentation may be required by the academic department.

AMERICAN UNIVERSITY
OFFICE OF THE REGISTRAR
202-885-2200 fax 202-885-1052

AMERICAN UNIVERSITY
WASHINGTON, DC

INTERNSHIP CONSENT AND RELEASE FORM

Student _____ AU ID#_____
(PLEASE PRINT)

Course # _____ - _____ - _____ Term: ☐ Fall ☐ Spring ☐ Summer 20____

Organization _____ International student F-1 or J-1 visa ☐ Yes * ☐ No

The following Agreement is designed to protect all participants in American University's internship programs, including students, faculty members, American University and the agencies and individuals cooperating with the University. You, as the student, must sign this form, with parental or guardian approval if you are under the age of eighteen (18), to indicate agreement and permission to participate.

I understand that participation in this internship is entirely voluntary and that any such internship program involves some element of risk. I agree that in consideration of American University sponsoring this activity and permitting me to participate, I will indemnify, defend and hold harmless American University, its officers, agents, employees, successors and assigns from liability for any and all claims, demands, rights or causes of action, present or future, resulting from or arising out of any travel or activity conducted by or under the auspices of this internship program.

I understand that the University requires that all students be covered by appropriate accident and medical insurance and that the student be financially responsible for such expenses. My signature below verifies that I am covered by the required insurance.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS AND AGREE TO BE BOUND BY THEM AS INDICATED BY MY SIGNATURE BELOW.

Required Signatures:

Student _____ Date _____

If under age of 18
Parent or Guardian _____ Date _____

Name of Parent or Guardian _____
(PLEASE PRINT)

* Note: International students in F-1 or J-1 visa status must obtain authorization from International Student Services (ISS) before registration for this internship will be accepted.

International Student Services (ISS) _____ Date _____

INSTRUCTIONS TO STUDENTS

Obtain all required approvals and submit this completed form to the Registrar's Office along with a completed Internship Registration form.

OFFICE OF THE REGISTRAR
202-885-2200 fax 202-885-1052