

American University

INTERNSHIP REGISTRATION FORM
(Submit along with the Internship Consent and Release Form)

Student Last Name First Name AU ID#

Phone E-mail @ International Student: F-1 or J-1 visa Yes No

Year: 20 Semester: Fall Spring Summer

OR

Term: Jan-Mar Term 1 Apr-Jun Term 2 Jul-Sep Term 3 Oct-Dec Term 4

International students only: The following information must be completed by your ISSS advisor.

This student is eligible not eligible for internship authorization in the above specified semester/term.

International Student & Scholar Services (Sign) Print Date

Registration Information

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

Faculty Supervisor Last Name First Name

Learning Outcomes (developed in consultation with faculty supervisor):

Empty rectangular box for learning outcomes.

Internship Site Information

Internship Organization Name:

Organization is classified as a: For-profit Nonprofit/NGO Government International Org./Multilateral

Internship Site Address: City:

State: Postal Code: Country:

Organization website: Internship Position Title:

Internship Position Description (obtained from internship site supervisor):

Large empty rectangular box for internship position description.

American University

Internship site supervisor name: Mr. Ms. Dr. _____

Title: _____ Phone: _____

E-mail: _____

Is participation in this internship contingent upon American University granting academic credit? Yes No

Percentage of clerical or administrative work (e.g. making copies, errands, reception desk coverage): _____%

Is this a home-based business? Yes No Number of employees at organization _____

Wage/Salary: Unpaid Paid Hourly \$_____/hour Stipend Total \$_____

Other Compensation (e.g. meals, metro fare) _____

Hours per week: _____ Internship start date: _____ Internship end date: _____

Work Schedule (hours per day): Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri. ____ Sat. ____ Sun. ____

Will any part of this internship occur outside the US? Yes No City/Country _____

Required Signatures

Student (sign) _____ (print) _____ Date _____

Academic Advisor (sign) _____ (print) _____ Date _____

Faculty Supervisor (sign) _____ (print) _____ Date _____

For Completion by Site Supervisor

Is this internship 100% remote for the duration of the internship? Yes No

If internship site is not remote, the employer **site supervisor** needs to answer the following questions:

1. The Internship Site shall provide appropriate supervision of student by appropriate, qualified personnel, make available the relevant facilities for student training, including necessary and appropriate equipment and supplies, and shall undertake such activities as will permit student to gain field experience. Yes No
2. The Internship Site will comply with all relevant safety guidance from the Centers for Disease Control and all federal, state and local health authorities regarding workplace health and safety then in effect, including but not limited to social distancing, size of gatherings, and face coverings. Yes No
3. The Internship Site agrees that all internship activities to be performed by the student do not violate relevant federal, state, or local laws or regulations. Yes No
4. The student shall, at all times, be subject to and comply with all rules, regulations, procedures, and policies of American University (“University”) and the Site. Yes No

Site Supervisor (sign) _____ (print) _____ Date _____

American University

Undergraduate/Undergraduate Earned Credits/Minimum Hours Interned (based on a 14 week internship)

Earned credits	1	2	3	4	5	6
Minimum total hours interned required by end of term	70	140	210	280	350	420
Average number of hours interned weekly over 14 weeks	5	10	15	20	25	30

American University

INTERNSHIP CONSENT AND RELEASE FORM
(Submit with the completed Internship Registration Form)

Student Name _____ (PLEASE PRINT) AU ID# _____

Year: 20_____ Course # _____ - _____ - _____

Semester: Fall Spring Summer

OR

Term: Jan-Mar Term 1 Apr-Jun Term 2 Jul-Sep Term 3 Oct-Dec Term 4

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

The following Agreement is designed to protect all participants in American University's ("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 I can voluntarily decide to choose a remote or in person internship of my own choice. I understand that the University is only approving the internship for the purpose of granting academic credit for the internship that I have independently chosen. I further understand the University makes no representation or guarantees regarding the internship including its location and safety. I acknowledge that the decision in selecting a particular internship is entirely voluntary and my own choice. I understand that participation in this internship is entirely voluntary and that my participation in an internship involves some element of risk. I understand that I am responsible for investigating and evaluating for myself the risks associated with my internship. I assume complete responsibility and risk in participating in my internship.

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 related to my internship.

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 & Scholar Services (ISSS) before registration for this internship will be accepted.