

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):

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):

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 _____

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