When are you completing the internship (check one)?
- Summer
- Fall
- Winter
- Spring

Year: ____________

**STUDENT INFORMATION**

| Name: __________________________________________ | Class Year: ____________ |
| Email: __________________________________________ | Campus Box: ____________ |
| Major(s): ______________________________________ | Minor: ________________ |
| Phone Number: ________________ | Email: __________________ |

**INTERNSHIP SUPERVISOR INFORMATION**

| Internship Organization: __________________________________________ |
| Address: __________________________________________ |
| On-Site Supervisor / Contact Person: ____________________________ |
| Phone Number: ________________ | Email: __________________ |

**DESCRIPTION OF INTERNSHIP & WAIVER STATEMENT**

Please describe your internship responsibilities and what you hope to learn from your experience:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I acknowledge that I have chosen to participate in the above referenced activity and have full knowledge of any risks that this activity presents, including travel to, participation in, and returning from the activity. I further understand and agree to assume responsibility for all risk of injury or death. I understand and agree to assume responsibility of all risk of theft, loss or damage of personal property which occurs at any time rising out of my participation in the activity. By signing here, I indemnify and hold harmless Randolph College.

Signature: __________________________ Date: __________________________

**REQUEST FOR RANDOLPH COLLEGE SUMMER INTERNSHIP HOUSING—SUMMER INTERNS ONLY**

1. Do you wish to be considered for On-Campus housing for the duration of your internship?:
   - Yes
   - No
2. What are the exact dates of your internship? Start: ________________ End: ________________
3. How many hours per week will you be interning?:

4. Attach an offer letter on letterhead from your employer verifying the exact dates and hours per week of your internship.
5. Today’s date: __________________________

*Return form and employer letter to Career Development Center—Internship Coordinator—by May 1.*

**OFFICE USE:**

FORM RECEIVED BY: __________________________ DATE: __________________________