BELCROFT UNIVERSITY
Waters Edge Office Center, 2963 Gulf To Bay Blvd, Suite# 120, Clearwater, FL - 33759
admissions@belcroftuniversity.com
+1 (813) 772-3772

Internship Authorization Request form

To obtain internship authorization at Belcroft University, students must be actively enrolled in an academic program and remain in good academic standing. The proposed internship must directly relate to the student's academic program and support the educational objectives of the degree.

Students seeking academic credit for an internship, practicum, clinical placement, field experience, or other experiential learning opportunity must complete this form and obtain all required approvals before beginning the internship. Students may not begin an internship for academic credit until official approval has been granted by the University.

Student Information

Student Name (First - Middle - Last)	
Student ID Number	
Email Address	
Phone Number	
Degree Level	☐ Doctorate ☐ Dental ☐ Master's
Program of Study	

Note: Students applying for an internship must generally complete all prior coursework before becoming eligible, unless an approved exception applies.

Course Information

Internship Course Number	
Term/Semester of Course Enrollment	☐ Fall ☐ Spring ☐ Summer
Number of Credit Hours Earned Upon Completion	
Advisor Name	
Advisor Email	

Internship Offer Information

Offer Letter Attached	☐ Yes ☐ No
Position Title	
Internship Dates	/ / to / /
Hours Per Week	
Employment Type	☐ On-site ☐ Remote ☐ Hybrid
Description of Position	
Relation to Major	

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Student Certification

☐ I certify that the information provided in this request is complete and accurate. I understand that the internship must comply with university requirements and be directly related to my academic program. I agree to notify the University of any changes to the internship site, supervisor, duties, hours, or dates.

Student Signature _____ **Date** ____ / ____ / _____

Academic Advisor Approval

Internship is directly related to the student's academic program	☐ Yes ☐ No
Internship supports the educational objectives of the program	☐ Yes ☐ No
Student is eligible for internship course enrollment	☐ Yes ☐ No
Advisor Name	
Advisor Email	
Advisor Signature	
Date	/ /

Comments:

Office Use Only

Internship Approved ☐ Yes ☐ No

Authorized University OfficialName _____Title:_____

Signature _____ **Date** ____ / ____ / _____