BELCROFT UNIVERSITY
A PLACE WHERE PASSION MEETS PURPOSE

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** ____ / ____ / _____