Faculty Internship Advisor Form

Date: ______________________________

STUDENT ACKNOWLEDGEMENT

Student Full Name: ___________________________  ___________________________
   Last                                      First

Phone: ___________________________  Email: ___________________________  Student ID#: ___________

Program/Major: ___________________________  GPA: ___________________________

Which degree are you pursuing?  □ Associates  □ Certificate Program

Which Internship Course are you enrolled in? ___________________________

Which semester are you intermeshing?  □ Fall ______  □ Spring ______  □ Summer ______
   Year                                      Year  Year

Verification of Internship Academic Pre- Requisites

☐ Yes, I have a GPA of 2.0 or above. It is a ___________________________
☐ Yes, I have completed English Composition 101.
☐ Yes, I have completed three courses in my major. The names of the courses are the following:

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________

FACULTY INTERNSHIP ADVISOR ACKNOWLEDGEMENT:

I have reviewed the student’s unofficial transcript and verify that s/he has completed the minimum required courses, and has achieved sufficient academic study/skills (based on GPA) to pursue an internship. I will be the Faculty Internship Advisor assigned to oversee the internship.

Prior to starting the internship, the student must meet with me to discuss internship responsibilities, verify that the internship is appropriate for the student’s major, and set learning objectives.

Faculty Advisor Full Name (printed): ___________________________

Faculty Advisor Signature: ___________________________  Date: __________________

Academic Department: ___________________________

When complete, please drop off to Jenn Reyes, Coordinator of Cooperative Education in Building 3, Suite 424 or scan and email to her at JReyes@RCC.Mass.Edu.