

American University

**INTERNSHIP REGISTRATION FORM**  
**(Submit along with the Internship Consent and Release Form)**

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ AU ID# \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_@\_\_\_\_\_

Term: Fall    Spring    Summer    20\_\_\_\_    International Student: F-1 or J-1 visa Yes    No

**International students only:** The following information must be completed by your ISSS advisor.

This student is eligible    not eligible    for internship authorization in \_\_\_\_\_ semester.

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 \_\_\_\_\_

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Graduate/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# \_\_\_\_\_

Course # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Term: Fall Spring Summer 20\_\_\_\_\_

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.