

**Eastern Illinois University  
Department of Counseling and Student Development  
College Student Affairs Program  
CSD 5880 Internship Approval Form**

**Student's Name:** \_\_\_\_\_

**Semester:** \_\_\_\_\_

**Internship Supervisor:** \_\_\_\_\_

**Supervisor's Email:** \_\_\_\_\_

**Supervisor's Phone:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Office Location:** \_\_\_\_\_

**Credit Hours Requested:** \_\_\_\_\_

**Goals (what you wish to accomplish, including any skills you wish to develop):**

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**Specific activities to be undertaken (e.g., projects, manual creation, conference organization):**

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**Special product(s) to be completed and anticipated date(s) of completion:**

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**Additional requirements and comments:**

- \_\_\_\_\_ **Daily Logs – Submitted electronically or in hardcover format**
- \_\_\_\_\_ **Written Assignments (e.g., annotated bibliographies, interviews, case studies)**
- \_\_\_\_\_ **Conference Attendance**
- \_\_\_\_\_ **Training Program participation or organization**
- \_\_\_\_\_ **Presentation before Peers enrolled in Internship Classes**

All projects and credit requirements are to be completed prior to the end of the semester for which credit is sought. Grades (S/U) are recommended by the project supervisor and submitted to the CSA faculty along with an evaluation of the student's performance. The student's evaluation of their own performance and assessment of the internship experience is also required prior to the posting of grades. This form must be submitted to the course instructor prior to enrollment in the course and the beginning of the internship experience. Failure to do so could result in loss of opportunity to earn internship credit for the intended semester.

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CSA Faculty Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_