

TUJ Internship Approval Form

Name: _____ TUID: _____
Telephone: _____ Email: _____
Cumulative GPA: _____ Earned Credits (Temple + Transfer): _____
Semester: of _____ (year)
Name of Organization: _____
Address: _____
Telephone: _____ (ext.) Fax: _____
Name of Supervisor: _____ Email: _____
Department / Division: _____
Signature _____ Date: _____

1. INTERNSHIP COORDINATOR (CAREER DEVELOPMENT OFFICE)

For non- Japanese citizen: Is this internship paid? : YES* NO

*If yes, work permit required. Application form for student visa holders is available from the Office of Student Services.

Is this internship in your major?: YES* NO *If NO, see your major coordinator

Is this internship offered through TUJ Career Development?: YES NO*

If NO, submit job description to TUJ Career Development and faculty supervisor for approval.

Signature: _____ Date: _____

2. FACULTY SUPERVISOR

Department Name: _____ Course Number: _____ Credits: _____

Faculty supervisor should consult with the University Course Descriptions in order to determine an appropriate course number:

<http://bulletin.temple.edu/courses/>

Faculty Name (Print): _____

By signing off below, I certify that I have informed my Major Coordinator that I will supervise an internship for the student named above (unless the faculty supervisor and major coordinator are the same person).

Signature: _____ Date: _____

3. STUDENT'S MAJOR COORDINATOR

Signature: _____ Date: _____



4. ACADEMIC ADVISING CENTER

Declared major? YES NO

If YES: Major: _____ Minor : (If applicable) _____

Junior or Senior Standing: YES NO Earned credits; _____ (Minimum 60)

Grade Average Above 2.5: YES NO GPA: _____

(a) Has the student previously taken the course number specified in #1? YES NO

(b) If YES to the question (a), is this course repeatable for credits? YES NO

(c) This student will have () internship credits within () total credits allowable toward degree.

Advisors should consult with the University Bulletin and check respective catalog year: <http://bulletin.temple.edu>.

If YES to (a) and NO to (b), the student and faculty supervisor must find another course number.

Faculty may consult with their Major Coordinator or/and the Academic Advising Center for assistance.

Academic advisor signature:

_____ Date: _____

5. ASSOCIATE DEAN FOR ACADEMIC AFFAIRS (or designee)

Signature: _____ Date: _____

**** After obtaining all signatures, students are responsible to submit this form to the Registrar's Office ****

The data provided in this form will be kept confidential and not disclosed to unauthorized third parties without your consent. We may use your personal data to contact you or the internship supervisor as well as for academic purposes (including sharing with our main campus), career development, internship assessment, and other internal purposes. Upon request, we will revise or delete your data from our records.