

REQUEST FOR AUTHORIZATION FOR INTERDISCIPLINARY INTERNSHIP CREDIT

Subject Area	Course Number	Course Title	Credit Hours
INDS	3884	Interdisciplinary Internship	1

Year _____ Fall _____ Spring _____ Summer _____ Date of Request: _____

Student ID (000#####):		Student Name (Last, First):	
Vanderbilt Email:		Internship Site Company Name:	
Student Phone Number:		Internship Site Company Location (City, State):	
Faculty Supervisor's Name:		Internship Supervisor's Name:	
Faculty Supervisor's School/Title:		Internship Supervisor's Phone Number:	
Date Internship Begins/Ends:		Internship Supervisor's Email:	

SCHOLARLY PROJECT TITLE:

--

INTERNSHIP AND SCHOLARLY PROJECT DESCRIPTION: (The project must result in a paper that is at least 5 pages in length. Please specify the length of your paper below. Continue on back if necessary)

Student's Signature: _____ **Date:** _____

APPROVAL TO ENROLL:

Student completed Summer Internship Subsidy Orientation & Quiz. Attach orientation quiz results to this form.
--

Title of Official	Name (Print)	Signature	Date
A&S Faculty Supervisor			
Director of Internships (Associate Dean Yollette Jones)			