

UNIVERSITY OF SOUTH CAROLINA

BLS/BOL INTERNSHIP CONTRACT

ALL REQUIRED SIGNATURES MUST BE OBTAINED PRIOR TO REGISTRATION.

Student's Name

Student's VIP ID

Deadline for submission of the paperwork for the Internship course is three weeks prior to the beginning of classes: on or about December 10 for Spring Semester, April 10 for Summer I, and July 15 for Fall Semester.

Course

Degree

Term

Fall

Spring

Summer I

Summer II

Year

Instructor's Name

To be completed by the student's advisor/coordinator

Location:

On site supervisor: (Name, Title, Telephone Number, Email Address)

Description of Internship: (Start and End Dates, # of weeks, # of hours per week, # of hours total, and Duties)

Educational Objectives: (What new skills or information will the student acquire as a result of the internship?)

Additional Requirements: (Background checks, drug testing, instructions in privacy issues or HIPAA rules, etc.)

Method of evaluation:

Instructor's Signature _____

I understand that completion of this form does not constitute registration, and that I must register for this course in the usual manner. Student is to present white copy to the Office of the Registrar to complete registration.

Student's Signature

Date

Department Chairperson/Area Head

Date

Advisor's Signature

Date

Student's Dean (Undergraduates only)

Date