

HCA Primary Advisor Internship Approval

Student Name: _____

Student 800#: _____

HCA Primary Advisor Name: _____

Is student seeking NAB Accreditation? YES NO

Internship interests (location/organizations/facility types): _____

Term/Year internship will be completed: _____

Does student have any special challenges or needs with internship completion? Examples of items to discuss may include but are not limited to needing part-time hours, extension, GPA considerations, NAB accreditation standards, geographical restrictions, financial aid limits on semester registering, etc. _____

By signing below, student states he/she has reviewed internship guidelines. Student also acknowledges that it is his/her responsibility to first secure an internship location, second obtain proper approvals on site affiliation form and last request registration to the appropriate internship course as is required for his/her degree.

Student Signature

Date

By signing below, the student's Primary Advisor acknowledges that he/she authorizes the student to seek internship placement. The signature does not signify that the internship site affiliation form has been fully approved as is required before the student can be placed in the internship course.

HCA Primary Advisor Signature

Date

***This form must be submitted to Mrs. Stephanie Wood, along with the Application for Internship Site Affiliation**