

**Salem Academy Internship Application Form  
Jan Term 2019**

**Part I: To Be Completed by the Student**

**Final Due Date: Monday, Oct. 15**

Student Name: \_\_\_\_\_ Junior/Senior Boarder/Day

Is your internship self-designed or school arranged? \_\_\_\_\_

Briefly describe your project: \_\_\_\_\_

\_\_\_\_\_

List at least 3 specific goals you hope to achieve.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Part II: To Be Completed by the Parent/Guardian**

I give permission for my daughter to pursue the project described above and understand the requirements that she will be expected to meet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

During Jan Term, my daughter will reside with:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Part III: To Be Completed by the Field Advisor**

Field Advisor Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name and Address of Firm/Institution: \_\_\_\_\_

Using letterhead stationary or official email, please outline a description of your objectives for this student, as well as her anticipated duties and responsibilities. Please also indicate what her daily/weekly schedule might be.

I hereby give permission for \_\_\_\_\_ to pursue an off-campus project under my supervision. I understand the requirements of the project and **that the student must work a minimum of 6 hours per day for 14 days from Jan 7 – Jan 25, 2019.**

**Field Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Part IV: To Be Completed by the Jan Term Advisor**

\_\_\_\_\_  
Signature of On-Campus Advisor

\_\_\_\_ Yes \_\_\_\_ No  
On-Campus Jan Term Committee Approval