

COLLEGE OF MOUNT SAINT VINCENT
OXLEY CAREER EDUCATION PROGRAM
INTERNSHIP APPROVAL FORM

STUDENT NAME: _____ **ID#:** _____

CELL PHONE: _____ **E-MAIL:** _____

DEPARTMENT: _____ **COURSE:** _____ **CRN #** _____

TERM/YEAR OF INTERNSHIP:

- 1) Please obtain the signature of your Academic Advisor and the Internship Advisor in your department.
- 2) Bring to the Oxley Career Education Program Office (Founders Hall - Room 407 B) to have the registration hold removed.

1. ACADMIC ADVISOR:

Name	Signature	Date
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2. DEPARTMENT INTERNSHIP ADVISOR:

Name	Signature	Date
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INTERNSHIPS SUPERVISORS:

- Biochemistry & Chemistry** – Dr. Pamela Kerrigan
- Biology** – Dr. Ana Ribeiro
- Business** – Dr. Teresita Ramirez
- Communication** – Dr. Vincent Fitzgerald
- English** – Dr. Cathryn McCarthy
- History** – Dr. Joseph Skelly
- Psychology** – Dr. Daniel Hrubes
- Sociology** – Dr. Alfred D’Anca
- Writing** – Barbara Smith

3. DIRECTOR OF THE OXLEY CAREER EDUCATION PROGRAM:

Amber Lennon	Signature	Date
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