# Externship Approval Form

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| |  |  | | --- | --- | | **Name of Student:** |  | |
| |  |  | | --- | --- | | **Title of Externship/Project:** |  | |
| |  |  |  |  | | --- | --- | --- | --- | | **Start Date:** |  | **End Date:** |  | | **Preceptor’s Name:** |  | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Academic Credentials of Preceptor:** |  | | | | | | | **Preceptor’s Contact Information:** |  | | | | | | | **Is this a paid externship?** | **Yes** |  | **No** |  | **If yes, what is the amount:** |  | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | **Description of Project (What will the student be expected to do):** | |  | |  | |  | |  | |  | |  | |  | |  | |  | | **Goals of Student in the Externship:** | |  | |  | |  | |  | |  | |  | |  | |  | |