

**SALVE REGINA UNIVERSITY
PELL HONORS PROGRAM**

Student Name: _____

Student ID Number: _____

Student Email Address: _____

Local Address: _____

Telephone Number: _____

Class (Check One) _____ Junior _____ Senior

Overall GPA: _____ Major GPA: _____

I have read, understand, and accept the requirements for enrolling in and completing a Pell Honors Program Internship (see Pell Honors Program Guide for program description and specific requirements.) Furthermore, I hereby give permission to my faculty supervisor and the department chair to review my academic standing, academic integrity, and student conduct records as part of the approval process. I have completed the description and evaluation forms for my internship placement site and attached them to this application.

Student

Date

Faculty Advisor

Date

Pell Honors Program Director

Date

**SALVE REGINA UNIVERSITY
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Name of Site:

Address of Site:

Name of Site Supervisor:

Email Address for Site Supervisor:

Telephone Number of Site Supervisor:

Semester/Year of Internship:

Describe the activities in which you expect to be involved (feel free to attach a description on a separate page).

Student's signature

Date