

University at Buffalo  
State University of New York  
**DEPARTMENT OF ANTHROPOLOGY**  
Office of Undergraduate Studies  
380 Academic Center – Ellicott Complex  
Buffalo, NY 14261-0026

## APY 496 – Internship Registration Form

This form must be thoroughly completed and submitted to the Department of Undergraduate Office, before commencing the internship and immediately upon establishing:

- the APY faculty member who agreed to advise and oversee your internship
- the host agency/organization/business/firm that agreed to provide you with the internship
- the name and title of your host agency supervisor
- what your anticipated internship responsibilities will be
- how many credits you will register for (variable credit between 1 to 6 credits)

Before commencing the internship, please submit this completed and signed (3 signatures) original form to the departmental undergraduate academic advisor; keep a copy for yourself; and give one copy, each, to your Internship Faculty Advisor and to your Host Agency Supervisor. When you have **finished your internship**, you are required to complete and submit a “*Record of Internship*” form to the Undergraduate Office that will be placed in your permanent departmental file. *Enjoy your internship!*

**Student Name:** \_\_\_\_\_ **Person No.** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip code)

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**APY Faculty Internship Advisor:** \_\_\_\_\_ **Semester of Internship:** \_\_\_\_\_  
Semester/Year

**# of Credits:** \_\_\_\_\_ **Anticipated Date of Graduation:** \_\_\_\_\_  
Semester/Year

### HOST AGENCY LOCATION and INTERNSHIP DATA

**Host Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip code)

**Name of Host Agency Supervisor:** \_\_\_\_\_

**Title of Host Agency Supervisor:** \_\_\_\_\_

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

Below, please give a brief description of your anticipated internship responsibilities/duties/goals at your host agency. Attach an additional sheet, if necessary.

**Faculty Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Host Agency Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_