

Minnesota State University, Mankato
Alcohol and Drug Studies Program

Site Approval Form

Student Name: _____ Phone: _____
(First) (Middle) (Last) (Home and/or Cell)

Student Address: _____
(Street Address) (City) (State) (Zip Code)

Tech ID: _____ E-mail Address: _____

Semester of Registration: _____ Course Number: HLTH 497 or 697 Credits: _____
(SP, SUM, FALL, & Year) (Circle one) (6 = 440 hours, 12 = 880 hours)

Site Name: _____

Site Supervisor: _____
(First) (Last) (Credentials) (Title)

Site Mailing Address: _____
(Street Address) (City) (State) (Zip Code)

Supervisor E-mail: _____ Site Phone Number: _____

of Hours to be Completed: _____ Internship Begins: _____ Internship Ends: _____
(date) (date or "upon completion of hours")

(Student Intern Signature) (Date)

(Site Supervisor Signature) (Date Approved by Site)

(ADS Coordinator Signature) (Date Approved by ADS Program)

- A Site Approval Form is required for each site and each semester of registration for internship, and expires after 1 year.
- The Site Approval Form is only valid when accompanied by proof of registration for HLTH 497/697 during the semester of the internship.
- Permission to register will NOT be granted until the Site Approval Form is fully executed and student's ADS file is complete.

Office Use Only

(date) Permission entered for registration for internship

(date) Letter & copy of Site Approval Form sent to Site Supervisor