

QUEEN'S UNDERGRADUATE INTERNSHIP PROGRAM (QUIP) 2021-22

REGISTRATION FORM – Faculty of Arts and Science

Surname: _____ First Name: _____ Middle Initial: ____
Preferred Name: _____ Student Number: _____ NetID: _____
Email: _____@queensu.ca Phone Number: _____
As of Sep 2021, enrolled in: 2-yr. 3-yr. Other: ____ International Student: Yes No
Program: BAH BSCH Certificate in _____ (if applicable)
Plan: Specialization Major Major/Minor Medial Industries of Interest: _____
Subject 1 (e.g., *Biology*): _____
Subject 2 (if applicable): _____ Companies of Interest: _____
Subject 3 (if applicable): _____

APPROVAL OF DEPARTMENT OR SCHOOL:

I confirm that:

- The above academic information is correct, and that this student has a **CUMULATIVE GPA of 1.9** or above. Their academic record merits participation in this program.
- The student and department have discussed progression toward degree completion and any implications of a year away.
- The department certifies that the student will not be prevented from graduation due to changes in prerequisites and/or compulsory courses while the student is on internship,
- The department will allow this student to return to his/her original program of study without penalty upon completion of the internship (contingent on satisfactory completion of the current academic year).

Chair of Undergraduate Studies (**Name**) Chair of Undergraduate Studies (**Signature**) _____
Date

Only for students in Medial or Specialization plans involving two departments:

2nd Chair of Undergraduate Studies (**Name**) 2nd Chair of Undergraduate Studies (**Signature**) _____
Date

Only for students in Concurrent Education:

Concurrent Education Advisor (**Name**) Concurrent Education Advisor (**Signature**) _____
Date

STUDENT STATEMENT OF UNDERSTANDING:

I _____ (print name) have read and understand the QUIP policies and regulations outlined above.

As a participant in QUIP, I agree to:

- Allow my Queen's academic record and contact information (phone number and Queen's email address) to be released to those employers to whom I have applied.
- Pay a non-refundable, one-time \$35 application fee with submission of this application & **if I accept a QUIP internship.**
- Pay tuition for INTN 301; 302; 303 (or 304; 305). (**N.B:** International students are assessed international course fees.)
- Return to Queen's University for completion of my academic program after the internship.
- Please check the box below if it applies to you:
 - I have arranged for my internship to be part of an appropriate independent studies course (59x-series) and the appropriate Independent Studies form counter-signed by the Associate Dean (Studies) is appended.

I understand that if I accept a position either verbally or in writing, I am bound by this agreement. If for any reason I decide to renege on this acceptance, I understand that I will be removed from the internship program for the current year and will not be permitted to participate in future years.

Student (**Signature**) _____
Date

Collection of Personal Information

Personal information collected on this form is collected under the authority of the Royal Charter of 1841, and the Ontario Freedom of Information and Protection of Privacy Act. The information collected will be used by Career Services and the Faculty of Arts and Science to assess eligibility for QUIP, for contacting you during your participation, and may also be used for external reporting requirements, as well as internal planning and statistical analysis. For more information contact quip@queensu.ca.

Career Services Use Only \$35 registration fee paid: Initials: _____ Date: _____