

# COURSE CREDIT APPLICATION



## Receiving University Credit

We are happy that you have chosen to complete an internship with Nkonzo Bush Academy. As many interns before you, it is likely that you are applying for university credit to reflect your time in South Africa. We are happy to assist in this way and ask that you return the form to us at your earliest convenience.

## I. Applicant Information

Full Applicant Name: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Internship Dates: Start \_\_\_\_\_ End \_\_\_\_\_

Please note

You will need  
signatures of university  
faculty to complete  
this form.

## II. University Information

University  
Name: \_\_\_\_\_

Location (City &  
Country): \_\_\_\_\_

Degree  
Program: \_\_\_\_\_

Expected Graduation  
Date: \_\_\_\_\_

## III. Internship Requirements

What type of credit will you be receiving for this  
internship: Please Circle ONE

Course Credit

Field Requirement

None

Other (Please  
Explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

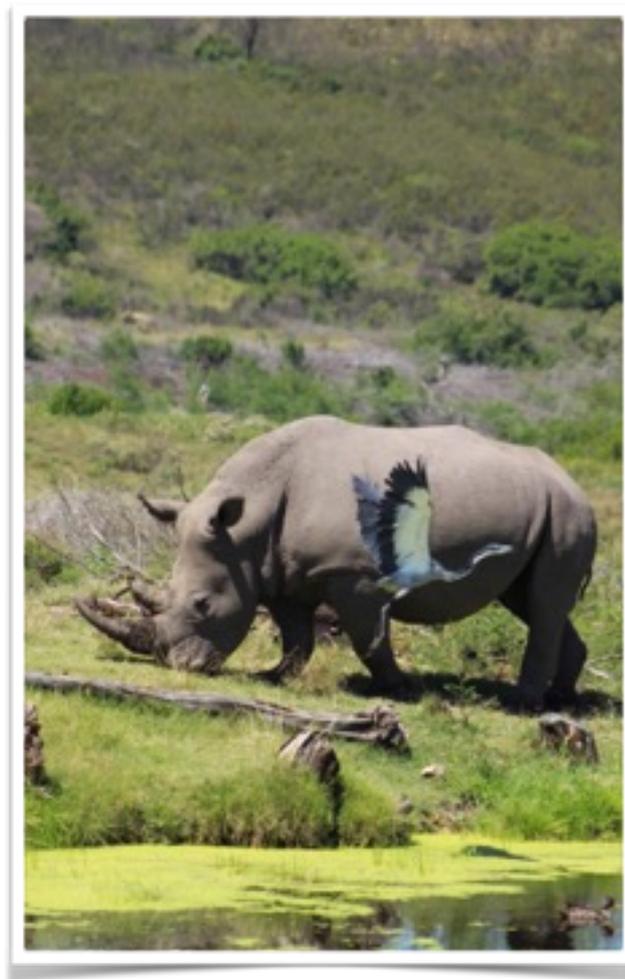
Learning Objectives: Please state below the requirements set forth by the university/college for  
your internship. These goals and objectives should be clearly stated. Feel free to attach  
additional documentation or pages as necessary.

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_



Please provide any other requirements necessary for the completion of your internship. For example, minimum hours, daily journal, papers, etc. Please attach additional pages or documents if necessary.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## IV. Additional Research

Is an additional project required for the completion on your internship? Including research projects. If not, proceed to the next section.

**Please Note**, any research project must be submitted to and approved by Nkonzo staff and the intern must fill out our **research proposal form**.

What is your focal species or group? \_\_\_\_\_

What is the hypothesis of your study?

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What method(s) will be used? (Eg. Sampling type). Please describe your chosen methods in detail.

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How many hours of data are you expected to collect? \_\_\_\_\_

What equipment will you be using?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Will your findings be published? Peer reviewed journals, student publications, university presentations, etc. If yes, please elaborate.

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## V. Student Intern

\* This section to be completed and signed by student/intern as well as the signature placement at the end of the document.

In Signing this document, I as the intern to agree to and knowledge the following points:

1. It is my responsibility as the intern to ensure that all necessary documents are completed by the appropriate parties.
2. It is my responsibility as the intern to ensure that Nkonzo Bush Academy is aware of any deadlines on forms or feedback that are to be completed by Nkonzo Bush Academy and should adequate advance not be provided, I understand that a delay may be necessary for their completion.
3. It is my responsibility as an intern to understand all components of the internship that are being undertaken and that it meets the requirements set forth by my university.
4. I am aware as an intern that the misrepresentation of myself during the application process or should I be unfit as an intern may be dismissed from the internship prior to it's completion and that my university faculty provided on this document by be notified.
5. As an intern I understand that Nkonzo Bush Academy is not responsible to alter their internship program to fit the requirement for university credit unless agreed upon in writing by both parties.

Name Printed: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

## VI. Faculty Supervisor

*\*To be completed by professor within department of academic study who is aware of internship requirements set for by the department/college. Please note, if the student does not have an internship coordinator, we ask that the faculty supervisor fill out their section.*

*Dear Supervisor,*

*We at Nkonzo Bush Academy ask that you contribute your information and signature to the form in the section directly below as well as signing at the bottom of the document. We ask this form to be completed by all parties as acknowledgement of the internship to be undertaken for academic credit, that the internship to be undertaken meets the requirements set forth by the university and that all parties are aware of the internship structure. Should you have any questions feel free to contact our Intern Manager at [mandi@wildlife-research.com](mailto:mandi@wildlife-research.com) and she will be happy to answer all of your questions.*

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Number (including international code): \_\_\_\_\_

In signing this section, the faculty supervisor acknowledges the following points:

1. The student in question is undertaking an **unpaid** internship position with Nkonzo Bush Academy for the aforementioned time period.
2. The student is responsible for their own medical/travel insurance and will not be covered under medical/travel insurance of Nkonzo Bush Academy before, during, or after their internship.
3. The student in question will be working in observational research with wild animals and will not be involved in any husbandry, care, or physical interactions with the wildlife.
4. Should the volunteer have mis-represented his/herself in the application process or proves to be unfit as an intern (to be determined at the discretion of Nkonzo supervisors) Nkonzo Bush Academy reserves the right to terminate the internship at anytime.
5. It is the responsibility of the student in question to ensure that internship criteria set out by the university are met in during the internship.

Name Printed: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

## VII. Internship Coordinator

*\*To be completed by internship coordinator within department of academic study or career centre who is aware of internship requirements set for by the department/college.*

*Dear Coordinator,*

*We at Nkonzo Bush Academy ask that you contribute your information and signature to the form in the section directly below as well as signing at the bottom of the document. We ask this form to be completed by all parties as acknowledgement of the internship to be undertaken for academic credit, that the internship to be undertaken meets the requirements set forth by the university and that all parties are aware of the internship structure. Should you have any questions feel free to contact our Intern Manager at [mandi@wildlife-research.com](mailto:mandi@wildlife-research.com) and she will be happy to answer all of your questions.*

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Number (including international code): \_\_\_\_\_

In signing this section, the internship coordinator acknowledges the following points:

1. The student in question is undertaking an **unpaid** internship position with Nkonzo Bush Academy for the aforementioned time period.
2. The student is responsible for their own medical/travel insurance and will not be covered under medical/travel insurance of Nkonzo Bush Academy before, during, or after their internship.
3. The student in question will be working in observational research with wild animals and will not be involved in any husbandry, care, or physical interactions with the wildlife.
4. Should the volunteer have mis-represented his/herself in the application process or proves to be unfit as an intern (to be determined at the discretion of Nkonzo supervisors) Nkonzo Bush Academy reserves the right to terminate the internship at anytime.
5. It is the responsibility of the student in question to ensure that internship criteria set out by the university are met in during the internship.
6. It is the responsibility of the student to provide adequate advance of any necessary feedback forms to be filled out by Nkonzo. Failure to do this may result in delay of their completion.

Name Printed: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

## VIII. Required Signatures

### Student/Intern

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Faculty Supervisor

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Internship Coordinator

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_