INTERNSHIP REGISTRATION FORM
(Return This Form with your Internship Contract)

DATE _____

NAME _____
(last) (first) (middle)

STUDENT ID# _____ G.P.A. _____

MAJOR _____ Semester in which experience is to be undertaken _____

Total Internship Credits Earned to Date _____ (limited to 12 credit hours total)

Department in Which
Program is to be Pursued _____ Course # _____ *Credit # _____

*The number of credit hours to be granted for this program must be stipulated by the sponsoring faculty member and acceptable to the student's internship host. Course number and total credits should match those shown on contract. The formula is, 50 hours of credit-worthy work for each registered credit hour.

APPROVALS

1. Sponsoring Faculty Member _____
2. Dept. Chair of Sponsoring Faculty _____
3. Student's Faculty Advisor _____
4. Dept. Chair in Student's Major _____

STUDENT AGREEMENT

I have discussed the academic requirements of this experience with my faculty sponsor and faculty advisor. I agree to fulfill these requirements in a timely manner and to the best of my abilities. Additionally, I understand that I must notify the Director of Experiential Education, and faculty sponsor immediately of any changes in my job description or terms of employment.

_____ _____
Student's Signature Date