Office of the Registrar

INTERNSHIP COURSE REGISTRATION

STUDENT INFORMATION

Name: ___________________________________________  ID#: ____________________________

Last                   First                   M.I.                     

E-mail: ________________________  Phone#: ___________________  □ Cell  □ Home

Class Standing (sophomore, junior, senior, etc.): ____________________________  Major: ___________________________________________

Cumulative GPA: ________________________  Total Internship Credits taken prior to this request: ____________

INTERNATIONAL STUDENTS ONLY

This student is □ Eligible  □ Not Eligible for internship authorization

Visa type: □ F-1  □ J-1  □ Other Visa

ISSS Advisor: ____________________________________________  ______________________________________________  _____________

Print name  Signature  Date

INTERNSHIP DESCRIPTION (TO BE COMPLETED BY FACULTY MEMBER OR AUTHORIZED PERSONNEL*)

Semester/Year of Internship Course: ___________ / _____________  Grade Mode: □ Satisfactory/Non-Satisfactory  □ Standard

Subject: _____  _____  _____  _____  Course#: _____  _____  _____  _____  Credits: _____  _____

Course Title: ____________________________________________________________________________________________

Instructor (please print): ____________________________________________  Ext.: __________________

Internship course responsibilities (on-site and off-site):

_________________________________________________________________________________

_________________________________________________________________________________

Internship learning outcomes: ________________________________________________________________

_________________________________________________________________________________

Method of assessment: ________________________________________________________________

Projected number of hours— Spent on-site: ____________  With faculty/staff supervisor: ____________  Other: ____________

Projected total hours: ____________

REQUIRED SIGNATURES

Student: ____________________________________________  Date: __________________

Instructor: ____________________________________________  Date: __________________

Advisor: ____________________________________________  Date: __________________

Department Chair/Program Director: ____________________________________________  Date: __________________

Dean: ____________________________________________  Date: __________________

*For the College of Arts and Sciences, the College Internship Coordinator is authorized to supervise zero-credit internships.

WHITE—Registrar  CANARY—Faculty/Staff Supervisor  PINK—Dean  GOLDENROD—Student

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