**Internship for Academic Credit Agreement Signature Form**

This form is the initial agreement to engage in the internship between the student, employer, and faculty.

**Check one:**

**\_\_**I am seeking IDS 194 credit

**Or**

\_\_I am seeking department-level credit:

**If this is through an academic department, please write the department name and course number below:**

Department name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: Student ID #:

Number of credits requested: Anticipated Graduation Date:

Willamette E-mail: Phone:

Please check the semester for which you would like credit applied: \_\_\_\_ Spring 2019 \_\_\_\_ Fall 2019

Internship start date: Final date of internship: # of hours per week at internship site:

 **Please provide name of organization, mailing address, phone number, in the box below:**

|  |
| --- |
|  |

**Student Signature: Date:\_\_\_\_\_\_\_\_\_\_\_\_**

**AUTHORIZATIONS**

**Employer**: Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***For Department Credit Only*:** Faculty Sponsor: \_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Faculty Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Internship Coordinator Francesca Scotese:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date:\_\_\_\_\_\_\_\_\_\_\_

  ***(signature)***