

Internship for Academic Credit Agreement Signature Form

Please note that this is not an X credit course. When selecting the amount of credit(s) you would like to earn, make sure that you are not overloading on credit for the semester(s) to which the credit(s) will be applied.

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)