

Internship Contract



Instructions (see A&S Internship for Credit Handbook):

1. Arrange course work with the Internship Director, determine the appropriate course number.
2. Present this contract with the Registrar form INDEPENDENT STUDY, DIRECTED STUDY, or INTERNSHIP REQUEST and the College form Internship Risk Acknowledgement and Release to the Internship Director for registration processing.
3. The date these *completed* forms are received by the Registrar's office is the effective date of registration.

Student Name: _____ Student ID#: _____

Department/Program: _____ Year/Quarter: _____

REGISTRATION INFORMATION

Course number (e.g. XXXX 495):		<i>Number of credits (check one):</i>
Grading Option (check one):	<input type="checkbox"/> Credit/Fail	<input type="checkbox"/> Letter Grade
Start Date (may not start prior to quarter of registration):		<input type="checkbox"/> 5 credits = 15 hours/week (150 hours total)
End Date (may end after quarter of registration):		<input type="checkbox"/> 4 credits = 12 hours/week (120 hours total)
		<input type="checkbox"/> 3 credits = 9 hours/week (90 hours total)
		<input type="checkbox"/> 2 credits = 6 hours/week (60 hours total)
		<input type="checkbox"/> 1 credit = 3 hours/week (30 hours total)
		<input type="checkbox"/> __ credit(s) = __ hours/week (__ hours total)
Internship Position Title:		
Agency:		

DESCRIPTION OF DUTIES TO BE PERFORMED WORK PLAN ATTACHED (IF REQUIRED)

ACADEMIC REQUIREMENTS (INITIATED BY FACULTY SUPERVISOR; CHECK ALL THAT APPLY)

Type:	<input type="checkbox"/> Readings	<input type="checkbox"/> Journal	<input type="checkbox"/> Paper	<input type="checkbox"/> Project	<input type="checkbox"/> ANGEL	<input type="checkbox"/> Other
Due Date:						

Description:

PROFESSIONAL REQUIREMENTS (INITIATED FACULTY OR SITE SUPERVISOR; CHECK ALL THAT APPLY)

Type:	<input type="checkbox"/> Time Sheet/ Work Log/ Plan	<input type="checkbox"/> Site Orientation by Supervisor	<input type="checkbox"/> Supervisor Evaluation of Student	<input type="checkbox"/> Student Self- and Site-Assessment	<input type="checkbox"/> Support from Career Services	<input type="checkbox"/> Other
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Due Date: _____

Description:

STUDENT TO FACULTY CONTACT REQUIREMENTS (CHECK ALL THAT APPLY)

Type:	<input type="checkbox"/> Telephone	<input type="checkbox"/> Email	<input type="checkbox"/> ANGEL	<input type="checkbox"/> In Person	<input type="checkbox"/> Other
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Frequency: _____

Comments: _____

STUDENT TO SUPERVISOR CONTACT REQUIREMENTS (CHECK ALL THAT APPLY)

Type:	<input type="checkbox"/> Telephone	<input type="checkbox"/> Email	<input type="checkbox"/> In Person	<input type="checkbox"/> Other	<input type="checkbox"/> _____
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Frequency: _____

Comments: _____

SUPERVISOR AND FACULTY CONTACT AGREEMENTS (CHECK ALL THAT APPLY)

Type:	<input type="checkbox"/> Telephone	<input type="checkbox"/> Email	<input type="checkbox"/> Office Visit	<input type="checkbox"/> Site Visit	<input type="checkbox"/> Other
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Frequency: _____

Comments: _____

SIGNATURES AND CONTACT INFORMATION

The student's signature below certifies that the student agrees to meet the obligations outlined in the contract and that the student will conduct themselves in a manner befitting the mission and values of Seattle University.

Student: _____ Date: _____
 Print: _____ Email: _____@seattleu.edu Phone: _____

Faculty: _____ Date: _____
 Print: _____ Email: _____@seattleu.edu Phone: _____

Supervisor: _____ Date: _____
 Print: _____ Email: _____ Phone: _____
 Title: _____

Mailing Address: _____