



ONLY FOR COURSES NUMBERED X950, X960, X980, X990

Instructions:

- 1. Arrange course work with the faculty member, determine the appropriate course number (see University Catalog) and course title.
2. Obtain required signatures.
3. Present this completed form to the Office of the Registrar, USVC 103, or mail/fax to the address above.
4. The date this completed form is received in the Office of the Registrar & Operations is considered the effective date of registration.

Student Legal Name: Last First Middle Student ID Number:

College or School of major: Major or Program

Class Level: FR SO JR SR GR Post-Bacc Non-matric

This is a: Independent Study (at level 4960 5960 6960) Directed Study (at level 2960 3960) Project/Reading (5990)
(circle level) Internship (at level 4950 5950 6950) Directed Research/Reading (4980) SCE Undergrad Research (4990) CRJS (5980 5970)

To be taken: Year/Term (Fill in year): Fall Winter Spring Summer 8-week Intersession

Course Subject (e.g. ENGL) Title Must not exceed 30 characters in length including spaces

Number of Credits Name of Sponsoring Faculty (print)

Student Signature: Date:

This course is a late add.\* (Replaces the Petition to the Dean)
\* Effective Fall Quarter 2011 a \$50 Late Add Fee will be charged and reflected on your bill

This course puts the student in overload. (Replaces the Petition to the Dean) Total number of credits: GPA:

Dean or Associate Dean of Student's School/College signature required: Date:

This is a replacement for a course already added to the student's schedule. Drop this course:

TO BE COMPLETED BY THE SPONSORING FACULTY:

Course Description: Attach a copy of the course description. REQUIRED

This is a study abroad course (outside the U.S.): Yes

Grading Option: Letter CR/F A COURSE MAY BE GRADED CR/F ONLY WHEN SPECIFIED IN THE CATALOG

Course usage (check all that apply):

This course fulfills the following program requirements. Specify course title or number (e.g. American Lit or Historical Theology or HIST 2010):
Major requirement Major elective Minor requirement

This course fulfills a CORE requirement. Specify (e.g. Senior Synthesis, Ethics, etc.):

CORE Director signature required Date:

I verify that the above named student will meet the appropriate contact hour requirements as described in the Scheduling of Courses policy (79-2).

Sponsoring Faculty Member's Signature Date:

FINAL APPROVAL by DEPARTMENT/SCHOOL OFFERING THE COURSE SECTION:

Chair, Dean, or Associate Dean Signature: Date:

OFFICE USE ONLY
Section Number:
Processed by:
Date:

**INTERN PROFILE**  
**Seattle University, English Department**

Name: \_\_\_\_\_  
Major(s)/Minor(s): \_\_\_\_\_  
Academic Year: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_@seattleu.edu  
Proposed Seattle University Faculty Supervisor: \_\_\_\_\_  
Email: \_\_\_\_\_

Statement of Interest

Please include a brief statement of 150-200 words below, describing the following:

*What are your goals for this internship? What makes you a good match for this specific internship? How do you see yourself fulfilling your career objectives through this internship?*

# 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: English Dept/Film Studies Program Year/Quarter: \_\_\_\_\_

**REGISTRATION INFORMATION**

Course number (e.g. XXXX 495):		Number of credits (check one):	
Grading Option (check one):	<input type="checkbox"/> Credit/Fail	<input type="checkbox"/> Letter Grade	<input type="checkbox"/> 5 credits = 15 hours/week (150 hours total) <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)
Start Date (may not start prior to quarter of registration):			
End Date (may end after quarter of registration):			
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: \_\_\_\_\_



# SEATTLE UNIVERSITY

## COLLEGE OF ARTS AND SCIENCES

### INTERNSHIP RISK ACKNOWLEDGEMENT AND RELEASE

NOTE: This form must be signed and returned to the sponsoring faculty/internship coordinator before the student can begin service at the internship site. Hand this form in when you submit your registration form. Any changes to this form must be approved by the Office of University Counsel.

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Section: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_ Faculty Sponsor: \_\_\_\_\_

In consideration of being allowed to participate in an internship placement as part of my academic program, I hereby acknowledge and agree as follows:

1. Seattle University does not control the way in which the community agency or partner (“Agency”) is structured or operates. In granting academic credit for this internship experience, the University affirms that the experience is an appropriate curricular option for students in an undergraduate program of study and worthy of Seattle University credit, but makes no other assurances, express or implied, about the Agency.

2. I understand and acknowledge that by participating in an academic internship placement, I am being provided with an opportunity for personal growth and a real world educational experience. I also understand and acknowledge there are certain risks inherent in my participation in this internship placement including, but not limited to, risks arising from:

- Commuting to and from the placement site;
- Providing services to members of the community or their family members who may become unpredictable, angry or violent;
- Exposure to communicable or infectious diseases, bodily fluids, medicinal preparations, or toxic substances; and
- Working in unfamiliar surroundings, neighborhoods or communities.

3. I acknowledge that all risks cannot be prevented and some risks could result in loss or damage to my personal property or injury to my body, including death. I agree to assume those risks, whether foreseen or unforeseen, that are beyond the reasonable control of Seattle University or the staff at the Agency.

4. I acknowledge and agree that it is my responsibility to understand and follow the Agency’s safety procedures and safety guidelines as described by my Agency supervisor to minimize risks and enhance my safety while placed at the Agency. I understand that I will not be forced to engage in assignments at the internship site in which my safety or well being is at risk. I agree to report to my Agency supervisor and my sponsoring faculty/internship coordinator any incidents in which I am or feel threatened or unsafe while at the internship site.

5. I understand that in connection with my internship placement, I must have the ability to interpret, adapt, and apply safety procedures and guidelines. I must be able to react calmly and effectively in emergency situations and have the ability to establish and maintain effective relationships with a variety of populations, agency staff, sponsoring faculty/internship coordinator, social work or service professionals, and the public.

6. If I have a physical, mental, or sensory condition which could affect my ability to participate fully in an internship experience, or to perform the essential duties and responsibilities associated with the internship assignment, then it is my responsibility to timely notify the Seattle University Learning Center/Disabilities Services (206.296.5740) to discuss reasonable accommodations or modifications.

7. When I am participating in the internship activities, I am doing so as a Seattle University student, and not as an employee of the Agency. Therefore, if I am injured or hurt or become ill in connection with my internship assignment, I understand that I am not eligible for workers compensation insurance or benefits.

8. If I require emergency medical treatment as a result of an accident or illness arising during the internship experience, I consent to such treatment. I understand that Seattle University does not provide health or accident insurance for internship participants. I agree to be financially responsible for any medical bills that I may incur resulting from emergency or other medical treatment. I acknowledge that I am required to purchase student insurance through the University or provide proof of sufficient insurance coverage.



# SEATTLE UNIVERSITY

## COLLEGE OF ARTS AND SCIENCES

### INTERNSHIP RISK ACKNOWLEDGEMENT AND RELEASE

9. I agree to notify the sponsoring faculty/internship coordinator and my Agency supervisor of any medical conditions that might necessitate an emergency response by the internship site.

10. I understand that if I use my personal vehicle for the benefit of the Agency with whom I perform my internship, Seattle University is not responsible for nor does it have any liability for personal injury or property damage that may result from that use.

11. I understand that the responsibilities and circumstances of an off-campus internship opportunity require a standard of professional decorum. Therefore, by my signature below I indicate my willingness to understand and conform to the standards, policies, and procedures of the Agency. I further understand that it is important to the success of the internship program and the continuance of future internship participants that students observe standards of conduct that would not compromise Seattle University in the eyes of individuals and organizations with which it has dealings, and I acknowledge the sponsoring faculty/internship coordinator's responsibility for setting rules and interpreting conduct for this purpose. I agree that the University or the Agency has the right to terminate me from my internship placement because of conduct that might bring the program into disrepute or that violates Seattle University or Agency policies. All final resolutions of my academic status in such situations will be made by the University.

**12. If, in connection with my participation in the internship experience, I suffer any injury, illness, loss, expense, damage, or death, that is beyond the reasonable control of Seattle University, I agree not to sue and agree to release and forever discharge Seattle University and its governing board, officers, administrators, agents, faculty, and employees from any and all claims, demands, causes of action, costs, or expenses that can or may arise from my participation in the internship. This release and covenant not to sue is binding on my family, my heirs, my personal representative, agents, and assigns.**

13. I am at least 18 years of age and legally competent to sign this document. I have read and understand everything written above, and I voluntarily sign this Agreement, Risk Acknowledgment, and Release. The signature of a parent/guardian for a minor indicates the parent/guardian agrees, on behalf of his/her minor child, to be bound by all the terms of this document.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Signature of Parent/Guardian, if student is under 18 years of age



COLLEGE OF  
ARTS AND SCIENCES

# SEATTLE UNIVERSITY COLLEGE OF ARTS AND SCIENCES SUPERVISOR ASSESSMENT

## Sample #1 Supervisor Assessment

This is a confidential evaluation and will not be shared with the intern. However, feedback will be given to the student related to the following evaluation. Please note that additional comments can be made following each item below, or you may grade each item individually.

Student: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Date: \_\_\_\_\_ Quarter: \_\_\_\_\_  
Name of person completing form: \_\_\_\_\_  
Position in agency: \_\_\_\_\_

- I. Describe student's assignments:
- II. Indicate other learning experiences provided:
- III. What are the student's areas of strength as revealed in contacts with superiors, staff, and clients?
- IV. What are student's areas of weakness as revealed in contacts with superiors, staff, and clients?

V. Evaluate student in the following areas by filling out the given space with one of the following:  
*A = Excellent; B = Above Average; C = Average; D = Below Average; F = Poor; NA = Not Applicable*

Items	Rating
1) Knowledge of Agency: did student learn <ul style="list-style-type: none"> <li>• Agency philosophy/mission: _____</li> <li>• Agency programs and structures: _____</li> <li>• Lines of authority: _____</li> <li>• Lines of communication: _____</li> </ul>	
2) Community Resources (geographical, professional, institutional, etc.): did student acquire <ul style="list-style-type: none"> <li>• Knowledge of community resources and programs: _____</li> <li>• Understanding of referral process: _____</li> <li>• Understanding and ability to utilize community resources: _____</li> </ul>	
3) Application of Knowledge and Values: <ul style="list-style-type: none"> <li>• Understanding and ability to put into social service values: _____</li> <li>• Ability to relate knowledge of individual to placement _____</li> </ul>	
4) Integration and Application of Methods and Techniques: <ul style="list-style-type: none"> <li>• Intervention skills: _____</li> <li>• Ability to take client's requests and give appropriate service: _____</li> <li>• Ability to communicate effectively with clients and collaterals: _____</li> <li>• Ability to communicate effectively with other organizations if required: _____</li> <li>• Competency in utilizing interventive processes with individuals/groups or committees: _____</li> <li>• Ability to use authority constructively _____</li> </ul>	

(continued)



# SEATTLE UNIVERSITY COLLEGE OF ARTS AND SCIENCES SUPERVISOR ASSESSMENT

V. Evaluate student in the following areas by filling out the given space with one of the following:  
*A = Excellent; B = Above Average; C = Average; D = Below Average; F = Poor; NA = Not Applicable*

<p>5) Work Skills</p> <ul style="list-style-type: none"> <li>• Ability to organize work load: _____</li> <li>• Relationship with co-workers: _____</li> <li>• Performance of assigned tasks: _____</li> <li>• Ability to work with and learn from staff (co-workers): _____</li> <li>• Use of supervision (i.e. seeks and uses help, accepts criticism, expresses feeling, etc.): _____</li> <li>• Adaptation to agency: _____</li> <li>• Ability to communicate effectively in written and oral form: _____</li> </ul> <p>Punctuality: _____</p>	
<p>6) Other</p> <ul style="list-style-type: none"> <li>• Appropriate Dress Code: _____</li> <li>• Overall Good Citizenship: _____</li> </ul>	
<p>7) Self-Awareness</p> <ul style="list-style-type: none"> <li>• Understanding of own value system and how it can help or hinder student's role as a helping person: _____</li> <li>• Ability to face and manage own feelings: _____</li> <li>• Ability to work with clients and personnel of a different background from student's: _____</li> <li>• Ability to identify in the role of a helping person: _____</li> <li>• Ability to understand the role of authority and how it influences personal behavior and perception: _____</li> </ul>	





COLLEGE OF  
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# SEATTLE UNIVERSITY COLLEGE OF ARTS AND SCIENCES SUPERVISOR ASSESSMENT

## Sample #2 Supervisor Assessment Internship Experience Evaluation

This is a confidential evaluation and will not be shared with the intern. However, feedback will be given to the student related to the following evaluation. Please note that additional comments can be made.

Student: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Date: \_\_\_\_\_ Quarter: \_\_\_\_\_  
Name of person completing form: \_\_\_\_\_  
Position in agency: \_\_\_\_\_

### RELATIONS WITH OTHERS

- \_\_\_\_ Exceptionally Well-accepted
- \_\_\_\_ Works well with others
- \_\_\_\_ Gets along satisfactorily
- \_\_\_\_ Has some difficulty working with others
- \_\_\_\_ Works very poorly with others

### DEPENDABILITY

- \_\_\_\_ Completely dependable
- \_\_\_\_ Above average in dependability
- \_\_\_\_ Usually dependable
- \_\_\_\_ Sometimes neglectful or careless
- \_\_\_\_ Unreliable

### JUDGMENT

- \_\_\_\_ Exceptionally mature
- \_\_\_\_ Above average in making decisions
- \_\_\_\_ Usually makes the right decision
- \_\_\_\_ Often uses poor judgment
- \_\_\_\_ Consistently uses bad judgment

### QUALITY OF WORK

- \_\_\_\_ Excellent
- \_\_\_\_ Very good
- \_\_\_\_ Average
- \_\_\_\_ Below average
- \_\_\_\_ Very poor

### ABILITY TO LEARN

- \_\_\_\_ Learns very quickly
- \_\_\_\_ Learns readily
- \_\_\_\_ Average in learning
- \_\_\_\_ Rather slow to learn
- \_\_\_\_ Very slow to learn

### ATTENDANCE:

- \_\_\_\_ Regular
- \_\_\_\_ Irregular

### ATTITUDE – APPLICATION TO WORK

- \_\_\_\_ Outstanding in enthusiasm
- \_\_\_\_ Very interested and industrious
- \_\_\_\_ Average in diligence and interest
- \_\_\_\_ Somewhat indifferent
- \_\_\_\_ Definitely not interested

### PUNCTUALITY:

- \_\_\_\_ Regular
- \_\_\_\_ Irregular

### OVERALL PERFORMANCE:

- \_\_\_\_ Outstanding
- \_\_\_\_ Very good
- \_\_\_\_ Average
- \_\_\_\_ Marginal
- \_\_\_\_ Unsatisfactory



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# SEATTLE UNIVERSITY COLLEGE OF ARTS AND SCIENCES SUPERVISOR ASSESSMENT

## Sample #3 Supervisor Assessment Intern Work Performance Evaluation

Name of student: _____
Name of organization: _____
Name of supervisor (printed): _____
Title of supervisor: _____
Supervisor phone or email contact: _____

*The internship contract requires the following information to be provided to the internship director within 10 working days after the internship has ended, no later than the last day of final exams. This form may be sent directly to the internship director by email or surface mail.*

*Please complete both pages of this evaluation. Thank you very much!*

1. Attendance verification:

a. Actual start date of internship: \_\_\_\_\_

Actual end date of internship: \_\_\_\_\_

b. Typical weekly work schedule or allocation of work hours:

c. I confirm that the student named above has completed \_\_\_\_ hours of supervised internship work under my guidance:

\_\_\_\_\_  
(Signature of supervisor)

\_\_\_\_\_  
(Date)

2. Work performance evaluation:

a. Please outline the intern's primary responsibilities:

(continued)



# SEATTLE UNIVERSITY COLLEGE OF ARTS AND SCIENCES SUPERVISOR ASSESSMENT

- b. Please comment on the intern's overall performance:
- c. What do you see as the major strengths the student brought to, or developed during, this internship?
- d. What do you see as the student's major challenges or areas for improvement during this internship?

RELEASE OF INFORMATION: Please initial one:

- I give my permission for this evaluation to be shared with the student.  
 I do NOT give my permission for this evaluation to be shared with the student.

***Thank you very much for your contribution to this student's education!***

***Please send this form to the Internship Director at Seattle University:***

***Email: \_\_\_\_\_@seattleu.edu***

***Mailing Address:***

\_\_\_\_\_ *Department/Program*  
*College of Arts & Sciences, Seattle University*  
*901 12<sup>th</sup> Ave, PO Box 222000*  
*Seattle, WA 98122*



**SEATTLE UNIVERSITY**  
**COLLEGE OF ARTS AND SCIENCES**  
**INTERNSHIP TIME SHEET/WORK LOG/PLAN**

**Sample #1**  
**Time Sheet**

*Please submit to Internship Director/Sponsoring Faculty.*

Intern's Name \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Site Name \_\_\_\_\_

Hours of work related to learning objectives:

Date	Hours
Week 1 _____	_____
Week 2 _____	_____
Week 3 _____	_____
Week 4 _____	_____
Week 5 _____	_____
Week 6 _____	_____
Week 7 _____	_____
Week 8 _____	_____
Week 9 _____	_____
Week 10 _____	_____

Total hours \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

*Note: Time sheet may be in any format, as long as it is signed by the site supervisor.*



**SEATTLE UNIVERSITY**  
**COLLEGE OF ARTS AND SCIENCES**  
**INTERNSHIP TIME SHEET/WORK LOG/PLAN**

**Sample #2**  
**Work Log/Plan**

<i>Week &amp; dates</i>	<i>Anticipated tasks</i>	<i>Anticipated hours worked</i>
Week 1 Dates:		
Week 2 Dates:		
Week 3 Dates:		
Week 4 Dates:		
Week 5 Dates:		
Week 6 Dates:		
Week 7 Dates:		
Week 8 Dates:		
Week 9 Dates:		
Week 10 Dates:		