



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: Enter Full Name Student ID Number: Enter your 7 digit SU Id

College or School of major: ARTS & SCIENCES Major or Program SPEX

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)

(circle level) X Internship (at level 4950 5950 6950) Directed Research/Reading (4980) SCE Undergrad Research (4990)

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

Course Subject (e.g. ENGL) SPEX Title INTERNSHIP

Must not exceed 30 characters in length including spaces

Number of Credits For current quarter Name of Sponsoring Faculty (print) Doug Berninger

Student Signature: DON'T FORGET TO SIGN AND DATE Date:

This course is a late add.* (Replaces the Petition to the Dean) Complete only if it is a late add or overload
* 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 Do not fill this section

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, SS-1, 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:

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: **1. Skill Verification: Site Specific, consultation with Site Supervisor to identify one to three new skills acquired and/or utilized at internship site**
2. Internship Bio: Site specific, 50 - 75 words plus an image, summarizing what your internship has meant in terms of professional or personal development.
3. Resume Assignment: Site specific, one page listing of responsibilities held in internship

STUDENT TO FACULTY CONTACT REQUIREMENTS (CHECK ALL THAT APPLY)

Type:	<input type="checkbox"/> Telephone	<input type="checkbox"/> Email	<input type="checkbox"/> CANVAS	<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 signature: **YOUR SIGNATURE HERE** _____ Date: _____

Print name: **STUDENT FULL NAME** _____ Email: _____@seattleu.edu Phone: _____

Faculty signature: **FACULTY SIGNATURE** _____ Date: _____

Print name: _____ Email: **berningd@seattleu.edu** Phone: _____

THIS IS THE ONLY AREA THAT MUST BE FILLED BY YOUR SITE SUPERVISOR

Supervisor signature: **SITE SUPERVISOR SIGNATURE HERE** _____ Date: _____

Print name: **SUPERVISOR FULL NAME** _____ Email: **MUST COMPLETE** _____ Phone: **MUST COMPLETE** _____

Title: **SUPERVISOR TITLE** _____

Mailing Address: **INTERNSHIP SITE 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: **SPEX 4950**
Supervisor Name: **SITE SUPERVISOR** Section: **01**
Agency/Organization: _____ Faculty Sponsor: **Doug Berninger**

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.



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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.

DO NOT FORGET TO SIGN

Date

Student Signature

Printed Name of Student

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