



DUE DATE: _____

INTERNSHIP REGISTRATION

PLEASE NOTE: STUDENTS MUST RETURN THIS COMPLETED FORM TO CAREER SERVICES WHEN REGISTERING FOR ACADEMIC CREDIT.

This form must be completed and submitted to the Career Services by the **ADD/DROP** deadline for all terms.

Part A: STUDENT INFORMATION

Name (Print)	I.D. Number	Cumulative GPA	Graduation Date (Month/Year)
Major(s)	Cell Phone	Preferred E-mail Address	
Student's Unit # or Address During Internship		How did student learn about this opportunity?	

Part B: SITE INFORMATION

Name of Company/Agency		Site Phone	
Site Address (Street Address)	City	State	Zip
Site Supervisor	Title	Site Supervisor Email Address	
Title of Internship	Paid/ Unpaid	Hours Per Week	Start Date/ End Date

Part C: LIST OF PRIMARY INTERNSHIP RESPONSIBILITIES

- _____
- _____
- _____

By signing this Registration Agreement, I acknowledge and agree that I have received, read and hereby accept the Simpson College Experiential Activity Agreement and that I have consulted (or have had the opportunity to consult) an adviser, counselor or attorney with regard to the terms and conditions of the Agreement. I further acknowledge and agree that, by signing this Registration Agreement, Simpson College is not responsible for providing me any assistance with respect to any legal issue that may arise from my participation the experiential activity (as stated in paragraph 4 of the Agreement) and that I have waived and released Simpson College from any claim that regarding procedures for the enforcement of standards of conduct with respect to the experiential activity (as stated in paragraph 7 of the Agreement).

Student Signature _____ Date _____

Part D: REGISTRATION INFORMATION – Completed BY faculty supervisor

Term & Year of Registration:

For Credit (Complete 1, 2 & 3)	1. Number of Credits _____ (See COOP319 Steps for hours/credit)	<input type="checkbox"/> Fall 20__	<input type="checkbox"/> Spring 20__	<input type="checkbox"/> Summer 20__
	2. Department awarding credit _____	<input type="checkbox"/> Semester	<input type="checkbox"/> Semester	<input type="checkbox"/> Summer X
	3. Mid-term site visit planned by faculty advisor: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> T1	<input type="checkbox"/> T3	<input type="checkbox"/> Summer 1
		<input type="checkbox"/> T2	<input type="checkbox"/> T4	<input type="checkbox"/> Summer 2
			<input type="checkbox"/> May Term 20	

Faculty Supervisor Name (Print) _____ Faculty Supervisor Signature** _____ Date _____

**In signing you also agree that the student is in good academic standing and this internship opportunity is an approved integrated learning experience.

Career Services Internship Coordinator Signature _____ Date _____

Internal Use Only

Registrar Signature _____ Date _____ Associate VP of Academic Affairs Signature _____ Date _____