



INTERNSHIP (293) REGISTRATION FORM

One Stop Student Services - onestop@cwidaho.cc - 208.562.3000 phone - 888.562.3216 fax
5500 East University Way - Nampa, ID 83687 - www.cwidaho.cc

This form is used to register for internship credit(s). All signatures must be completed before a student can register for an internship (293). To complete this form, please follow these steps: 1) Fill out Section 1 – Student Information. 2) Meet with Department in which you are seeking an internship to discuss opportunities. 3) If internships are available, complete Section 2 with the Instructor of Record who will be coordinating with your Agency/Site Supervisor. 4) Obtain required signatures. 5) Return the completed form to One Stop Student Services by the internship deadline posted in the CWI Academic Calendar.

LAST NAME FIRST NAME M.I. STUDENT ID -OR- SOCIAL SECURITY NUMBER

PHONE NUMBER (INCLUDING AREA CODE) DATE OF BIRTH

SECTION 1 - STUDENT INFORMATION – TO BE COMPLETED BY STUDENT

Credits Completed To Date _____ Cumulative GPA _____ Major/Program _____
Department Sponsoring Internship _____

SECTION 2 - INTERNSHIP INFORMATION – TO BE COMPLETED WITH INSTRUCTOR OF RECORD

Instructor of Record	Agency/Site Supervisor
_____ LAST NAME FIRST NAME M.I.	_____ LAST NAME FIRST NAME M.I.
_____ DEPARTMENT	_____ TITLE/POSITION
	_____ NAME OF AGENCY/SITE WHERE INTERNSHIP IS ARRANGED
	_____ CITY, STATE, ZIP
	_____ EMAIL ADDRESS

BEGIN DATE _____ END DATE _____ NUMBER OF CREDIT HOURS REQUESTED (50 hours/week = 1 credit) _____
INTERNSHIP WILL BE CONDUCTED TYPE OF CREDIT
 Fall, 20__ Spring, 20__ Summer, 20__ PASS/FAIL GRADED

DESCRIPTION OF PROPOSED INTERNSHIP (duties/projects to be completed)

SIGNATURES

STUDENT SIGNATURE DATE

SITE/AGENCY SUPERVISOR SIGNATURE DATE

INSTRUCTOR OF RECORD SIGNATURE* DATE

*(Instructor of record assumes responsibility for the orientation, advisement, evaluation of the intern, and coordination with supervising agency)