



## INTERNSHIP (293) REGISTRATION FORM

One Stop Student Services - onestop@cwidoaho.cc - 208.562.3000 phone - 888.562.3216 fax  
PO Box 3010 - Nampa, ID 83653 - www.cwidoaho.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. This form may also be submitted by the instructor of record, program chair or assistant dean.

LAST NAME	FIRST NAME	M.I.	STUDENT ID
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\*

LAST NAME	FIRST NAME	M.I.	DEPARTMENT
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#### Agency/Site Supervisor

LAST NAME	FIRST NAME	M.I.	TITLE/POSITION
NAME OF AGENCY/SITE WHERE INTERNSHIP IS ARRANGED			CITY, STATE, ZIP
EMAIL ADDRESS			

Fall 20	Spring 20	Summer 20	Number of Credit Hours Requested (45 hours per credit, per semester)
Start Date	End Date	Type of Credit <input type="checkbox"/> PASS/FAIL <input type="checkbox"/> GRADED	

Description of Proposed Internship (duties/projects to be completed)

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### SIGNATURES

STUDENT SIGNATURE	DATE
SITE/AGENCY SUPERVISOR SIGNATURE	DATE
INSTRUCTOR OF RECORD SIGNATURE*	DATE
DEPARTMENT CHAIR SIGNATURE	DATE
DEAN SIGNATURE	DATE

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