



Experiential Learning/Internship Registration Form

This form must be completed and approved by all parties listed below. The original copy is to be returned to the Registrar's office before the student is registered for and begins his or her work experience. Each student will work with his or her advisor or faculty mentor and work supervisor to set goals for the work experience. The faculty mentor will determine the criteria for grading, in addition to a written evaluation from the employer.

Please select the course for which you are registering:

EXPL 2110 (fall)_____ EXPL 2115 (spring)_____ EXPL 2120 (summer)_____

Internship (course number):_____

Number of Credits: _____

Grading Basis: Pass/fail: _____ Letter Grade: _____

It is the responsibility of the faculty advisor and mentor to determine the number of credits and the feasibility of the proposed Experiential Learning assignment. 40 hours = 1 credit.

Student Information

Name: _____

ID Number: _____

Address: _____

Major: _____

Email: _____

Faculty Advisor: _____

Phone #: _____

Faculty Mentor: _____

Employer Information

Employer: _____

Phone #: _____

Supervisor: _____

Email: _____

Address: _____

Rate of Pay: _____

Faculty Adviser's Signature – Approval

Date

Faculty Mentor's Signature – Approval

Date

Employer's Signature – Approval

Date

Student's Signature

Date

Career Development Center Director's Signature

Date

A \$10.00 late fee will be charged to the student's account beginning 10 days after the start of the semester.

Registrar's Office: _____ Date: _____

Charge Fee: Yes _____ No _____ Amount: _____ Effective Date: _____