

Internship Workshop Registration

Print Name: _____

(FEP 201-Career and Community Sponsored Internship for .50 unit) Student ID: _____ Class Year: _____

IMPORTANT INFORMATION

- Return completed form to the Registrar's Office. You **do not** need to turn in an add/drop card.
- Students are expected to register by the end of the add period for any given semester; exceptions may be approved, provided there is sufficient time to complete all requirements by the end of the semester or summer. However, students **MUST** register prior to the beginning of their internship, no exceptions.
- If you are an international student doing a paid internship, you must get a signature from the Office of International Education.
- Your registration will show up in the Portal once processed. You and the Career and Community Engagement Center will receive a PDF copy of your form.
- FEP 201 students will participate in post-internship workshops and reflection during the internship. This will be done in concert with all students registered for the course.
- You do not need a faculty sponsor—the Career and Community Engagement Center staff will serve as your sponsor.
- A minimum of 45 hours on site is required. You will receive .50 unit of credit. The course will be graded Credit/No Credit.
- The Internship Workshop fulfills the LAP Requirement, Option 2.
- If you have any questions, contact the Career and Community Engagement Center at 608-363-2675 or careerandcommunity@beloit.edu.

REGISTRATION INFORMATION

Major(s): _____ Minor(s): _____

Year & Term: _____ Pay: PAID UNPAID Start Date: _____ End Date: _____

Description of summer opportunity: _____

Field Site/Organization Name (if applicable): _____

Site Street Address: _____ City, State, Zip: _____

Site Supervisor Name (if applicable): _____ Site Supervisor Title: _____

Site Supervisor Email: _____ Site Supervisor Phone: _____

- I will abide by Beloit College policy that all students participating in FEP 201 will abide by minimum safety recommendations and all laws, restrictions and guidelines in their local areas to decrease the risk of contracting or spreading COVID-19.

Student name (This will serve as your signature) _____ Date _____

Please return to the Registrar (registrar@beloit.edu).
Your registration will be shared with the instructors who will be in touch with you.

REGISTRAR'S OFFICE USE ONLY

Entered By: _____

Date Registered: _____