

Academic Internship Registration

(PRAX 200 – Internship for 0.25- 1 unit)

Print Name: _____

Student ID: _____ Class Year: _____

IMPORTANT INFORMATION

- A Beloit faculty member **MUST** serve as a sponsor for this internship credit (they can, but do not have to be an academic advisor).
- If you are an international student (F-1/J-1), you must get a signature from the Office of International Student Services.
- Credit: A full unit of internship credit assumes between 90 and 150 hours at the field site, depending on other requirements as negotiated between the student and the faculty sponsor. This course will be graded Credit/No Credit.
- This course counts towards the E graduation requirement. If the course is taken for 1.0 credit, it completes the E requirement. If not, students must complete other E-designated courses to complete the E requirement.
- Return completed form to the Registrar's Office. You **do not** need to turn in an Add/Drop Card.
- Your internship will be visible in Portal once processed. You, your faculty sponsor, and the Career Works Office receive a PDF copy of the form.
- The **special summer tuition** rate only applies to a maximum of 2 summer units of field experience/internship or special project credit during a student's time at Beloit College.

REGISTRATION INFORMATION

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

Term & Year: _____ Unit Value: .25 .50 .75 1.0

Pay: PAID UNPAID Start Date: _____ End Date: _____

Internship/Position Title: Field _____

Site/Organization Name: Site _____

Street Address: _____ City, State, Zip: _____

Site Supervisor Name: _____ Site Supervisor Title: _____

Site Supervisor Email: _____ Site Supervisor Phone: _____

Experience was found through an alumni connection (if checked) Alumni Name: _____

Course Description:

Hours Required on Site:

Readings, papers, projects, meetings, discussions, on-site tasks, etc. (be specific):

Deadlines and basis for evaluation (for assignments listed above in #2):

Student Signature Date

Faculty Sponsor Name (print legibly) Signature Date

Academic Advisor Name (print legibly) Signature Date

Office of International Student Services Signature for International students Date

REGISTRAR'S OFFICE USE ONLY

Processed By and Date: _____ Previous Special Project/Internship Units Completed: _____ Added PRAX 200 _____