



INTERNSHIP (293) REGISTRATION FORM

Registrar's Office - registrar@cw.edu - 208.562.3000 phone - 888.562.3216 fax
PO Box 3010 - MS 1000 - Nampa, ID 83653 - www.cwi.edu

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 in person to any One Stop location or email to registrar@cw.edu by the internship deadline posted in the CWI Academic Calendar. This form can be submitted by the student; through the student's CWI email; or by fax, mail, or personal email with a copy of a current photo ID. This form may also be submitted by the instructor of record, department chair, or dean.

Last Name First Name M.I.

Student ID or SSN Phone Number Date of Birth

SECTION 1: STUDENT ACADEMIC 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 Name Instructor ID

Agency/Site Supervisor Name Title/Position

Name of Agency/Site Where Internship is Arranged

City, State, Zip of Agency/Site Email address

Semester Internship will be Completed (ex. Fall 2020) Number of Credits Requested (1 credit requires 45 hours of coursework)

Type of Credit (select one) Pass/No Pass Letter Grade

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

REQUIRED SIGNATURES

Student Signature Date

Agency/Site Supervisor Signature Date

Instructor of Record* Signature Date

Department Chair Signature Date

Dean Signature Date