



EXTERNSHIP / JOB SHADOWING REPORTING FORM

Students may use this form to report completion of an externship or job shadowing experience to the College. This information will be used for internal tracking purposes and will become part of the student's education records maintained by the Registrar's Office.

Instructions:

1. Complete and submit this form to the Assistant Dean for Academic Initiatives, who will send a copy to the Registrar.
2. Students who have completed multiple externships must provide a separate form for each experience.

A. Student Information

Last Name		First Name		MI	Washington College ID#
					/ /
Degree Program / Major		Start Term		Current Class Year	Date of Birth (mm/dd/yy)
Email Address		Telephone Number		Campus Box #	

B. Organization and Course Information

Organizational Name		Organizational Address	
Host Name		Host Title	Industry/Field
			<input type="checkbox"/> WC Alumna/Alumnus <input type="checkbox"/> WC Parent <input type="checkbox"/> Friend of the College <input type="checkbox"/> None of these
Email Address		Telephone Number	
Start Date of Externship		End Date of Externship	Host's Connection to WC

C. Externship Information

Was the internship supported by a Washington College funding source? Yes No Award Amount: _____

Purpose: Airfare Ground Transit Meals Lodging Other (please specify): _____

Was the externship experience made available through either of these externship programs:
 WC Freshman and Sophomore? Yes No WC Scholar-Athlete? Yes No

D. Required Signatures

Student Signature		Date
Assistant Dean Signature		Date

FOR OFFICE USE ONLY		
Date received: _____	Date Completed: _____	<input type="checkbox"/> Copy to Registrar's Office