



NON-CREDIT EXPERIENTIAL INTERNSHIP REPORTING FORM

Students may use this form to report completion of a non-credit internship 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. The internship must have consisted of at least 140 work hours, whether compensated or uncompensated.

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 internships 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 Information

Organizational Name	Organizational Address		
Site Supervisor Name	Site Supervisor 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 Internship	End Date of Internship	Site Supervisor's Connection to WC	

C. Internship Information

Was the internship supported by a Washington College funding source? Yes No Award Amount: _____
 Purpose: Airfare Ground Transit Meals Lodging Other (please specify): _____

D. Required Signatures

Student Signature	Date
Assistant Dean Signature	Date

FOR OFFICE USE ONLY

Date received: _____ Date Completed: _____ Copy to Registrar's Office