

Advanced Internship Workshop Registration

Print Name: _____

(PRAX 301- Advanced Internship Workshop for .50 unit)

Student ID: _____

Class Year: _____

IMPORTANT INFORMATION

- 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 work hours, no exceptions.**
- You **DO NOT** need a faculty sponsor—Career Works staff will serve as your sponsor.
- If you are an international student (F-1/J-1), you must get a signature from the Office of International Student Services.
- Credit: A minimum of 45 hours on site is required. The course will be graded Credit/No Credit.
- This course counts towards the E graduation requirement, which requires 1.0 credit. 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 registration will show up in the Portal once processed. You and Career Works will receive a PDF copy of your 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.
- If you have any questions, contact Career Works at 608-363-2675 or careerworks@beloit.edu.

REGISTRATION INFORMATION

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

Year & Term: _____ 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: _____

Student Signature: _____ Date: _____

Career Works Instructor 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: _____