

Pre-Registration Form For Internships

Date: _____ Internship Semester/Year: _____
Name: _____ UWFID: _____
Student Email: _____ Level: Fresh, Soph, Jr, Sr _____
Major: _____ 2nd Major : _____
Minor: _____ UWF GPA: _____

INTERNSHIP:

Internship Organization: _____
Organization Address: _____
Supervisor Contact Name & Position: _____
Sup. Phone: _____ Sup. Email: _____
Organization website link: _____

REGISTRATION:

How many semester hours for internship: _____
Is this a Washington Center Internship (WC), yes or no: _____
If WC internship, will you take a course, yes or no: _____ Course semester hours: _____
If available, name of course: _____
2nd course, if applicable: _____
If WC internship/course: I consent to have the Department assign my grades for my Washington Center experience: _____
I have met with my academic advisor concerning my course selections for this semester, yes or no: _____
Can we congratulate you on your internship placement on our Facebook page, yes or no: _____