ELON UNIVERSITY  
EXPERIENTIAL EDUCATION  
REGISTRATION FORM/CONTRACT

TODAY’S DATE __________  YEAR IN SCHOOL (circle) fr  so  jr  sr

NAME ____________________ ID# _______________ EMAIL ____________________

ADDRESS ______________________________________  PHONE ( ) ____________________
(Address where you can be reached during the internship)  City, State, Zip

MAJOR ____________________ MINOR ____________________ ADVISOR ____________________ GPA __________

FACULTY SPONSOR ____________________ COURSE NO. ____________________ CREDITS __________
(International section is IS)

COURSE WILL COUNT TOWARD: (Circle)  Major  Minor  Electives

TERM: (Circle)  Fall  Winter  Spring  Summer  I  II  (Circle)  2009  2010  2011

INTERNSHIP/CO-OP ORGANIZATION __________________________________ (Circle)  Paid  Unpaid

This organization is:  _____ for profit  _____ nonprofit  _____ governmental  _____ educational  _____ International – ICCIS
signature required

ADDRESS _______________________________________ PHONE ( ) ____________________
(Work address)  City, State, Zip

WORK SUPERVISOR ___________________________________ TITLE _________________________

SUPERVISOR EMAIL ___________________________ SUPERVISOR PHONE ( ) ____________________

WEBSITE ______________________________________  STUDENT JOB TITLE __________________

HOW DID YOU FIND THIS WORK EXPERIENCE?  Circle one:  • COM Internship Office  • BUS Internship Office  • Career Services Staff
• Elon Career Services Resources:  (ex: Elon Job Network, referrals, website links)  • Family/Friends  • Faculty  • Internet Resources  • Other

DATES OF INTERNSHIP/CO-OP:  Begin ________  End ________  Estimated hours per week ________

Credit formula:  40 hours of work minimum = 1 credit hour  School of Communications:  80 hours of work = 1 credit hour

Minimum number of hours required to complete internship________________

LEARNING GOALS:  List your specific goals.  What do you intend to learn?
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

ACADEMIC ASSIGNMENTS:  List below the readings, projects, reports, work samples, and/or presentations required for evaluation.  Due Date

1. ____________________________________________________________ __________________________
2. ____________________________________________________________ __________________________
3. ____________________________________________________________ __________________________
4. ____________________________________________________________ __________________________

Signatures  Faculty Sponsor  Student’s Advisor  Student

RETURN THIS FORM TO REGISTRAR TO COMPLETE REGISTRATION

white – Registrar  green – Experiential Ed  yellow – Faculty Sponsor  pink – Bursar  gold – Student  4/09