

MUST BE LEGIBLE

**SEATTLE PACIFIC UNIVERSITY
INTERNSHIP LEARNING CONTRACT**

Valid for _____
Quarter Year

~~~~~**MUST BE COMPLETED AND REGISTERED BY THE 10TH DAY OF THE QUARTER**~~~~~

|                       |                  |                                          |
|-----------------------|------------------|------------------------------------------|
| LAST NAME _____       | FIRST NAME _____ | MIDDLE INITIAL _____                     |
| MAILING ADDRESS _____ | CITY _____       | STATE _____ ZIP _____ PHONE (____) _____ |
| STUDENT NUMBER _____  | E-MAIL _____     | AGE: ____ GRAD DATE _____ MAJOR _____    |

|                                     |                                    |                                                      |
|-------------------------------------|------------------------------------|------------------------------------------------------|
| SUPERVISOR _____                    | NAME _____                         | TITLE _____                                          |
| ORGANIZATION _____                  |                                    |                                                      |
| MAILING ADDRESS _____               | CITY _____                         | STATE _____ ZIP _____                                |
| PHONE (____) _____                  | EMAIL ADDRESS: _____               |                                                      |
| HOURS PER WEEK PER INTERNSHIP _____ | DATES OF INTERNSHIP _____ to _____ | PAY FOR INTERNSHIP \$ _____/HOUR ( <i>optional</i> ) |

|                                        |                    |                                                                           |
|----------------------------------------|--------------------|---------------------------------------------------------------------------|
| FACULTY SPONSOR _____                  | DEPARTMENT _____   | PHONE _____                                                               |
| CRN # _____ ( <i>Office Use Only</i> ) | SUBJECT CODE _____ | COURSE NUMBER: _____ CREDITS EARNED _____ ( <i>see guidelines below</i> ) |

**CHART OF CREDITS PER HOURS WORKED** (*over a 10 week quarter*)

| <u>LOW END</u><br>HOURS PER WEEK | <u>HIGH END</u><br>HOURS PER WEEK | CREDITS EARNED |
|----------------------------------|-----------------------------------|----------------|
| 3                                | 5                                 | 1              |
| 6                                | 8                                 | 2              |
| 9                                | 11                                | 3              |
| 12                               | 14                                | 4              |
| 15                               | 20                                | 5              |
| 20                               | 24                                | 6              |

(Additional information required on back)

|                      |
|----------------------|
| FOR OFFICE USE ONLY  |
| Registered by: _____ |
| Date: _____          |

