Seattle Pacific University
School of Business & Economics

Internship Reflection Course Approval Form

You must bring this completed and signed form to the BUS 4942 instructor to receive permission to register. Please do so the quarter prior to taking the class so the hold can be removed promptly.

Quarter_____ Year_____

Name of Student _____ _____
Last Name First Name Student ID #

Email address _____ Year in school _____

Date accepted into the School of Business & Economics _____
Month/Year

Internship organization _____

Mailing address _____

_____
City State Zip

Hours per week for internship _____ Start date_____ End date _____

Internship Supervisor's name _____

Title _____

Supervisor's Email address _____ Phone _____

Describe your internship responsibilities:

What did you get out of your internship?

Faculty Sponsor signature _____

Student signature _____

Supervisor signature _____

Date Last Modified: 11/10/2008