

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 of Internship Reflection Course		
Student last name	first name	SID#
Student e-mail		Year at SPU
Month/Year accepted into the School of Business & Economics		
Internship Organization		
Internship Supervisor		Title
Internship Supervisor e-mail		Phone
Internship Mailing Address		
Internship hours per week	Start date	End date

Describe your internship responsibilities:

What skills do you intend to get out of your internship?

Instructor Signature

Date

Student Signature

Date

FOR INTERNSHIP SITE SUPERVISOR USE ONLY

Hours/Qtr.	Credits	
80-100	1	I verify that _____ will/has complete(d) _____ hours for a total of _____ credit(s). <i>Signature of Internship Site Supervisor</i> <i>Date</i>
110 - 130	2	
140 - 160	3	
170 - 190	4	
200 - 220	5	