



Thomas S. Foley Institute for Public Policy and Public Service

WASHINGTON STATE UNIVERSITY

Registration Form

Pullman, WA 99164-5136

Telephone (509) 335-3477

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By applying for an internship, it is understood by this office that you are responsible for speaking with your academic advisor regarding credits and the appropriateness of completing an internship. Internship credit can only be earned during the semester in which you were placed in an internship. Your paper, journal, and supervisor's evaluation are required by the due date in order to pass the internship class.

Student's Name _____	WSU ID _____
Local address _____ City _____ State _____ Zip _____	Address during internship _____ City _____ State _____ Zip _____
Local Phone (____) _____ Email _____ Major _____	Permanent Phone (____) _____
What is your class status? <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Grad student	Name of Advisor: _____ Your current G.P.A. _____
For what class are you registering? <input type="checkbox"/> Pol S 497 <input type="checkbox"/> Pol S 498 <input type="checkbox"/> Pol S 597	
For which semester are you registering? <input type="checkbox"/> Fall Which year? _____ <input type="checkbox"/> Spring <input type="checkbox"/> Summer	For how many credits are you enrolling? _____ Number of previous internship credits earned? _____
Sponsoring Agency _____ Agency Address _____ City _____, State _____ Zip _____ Agency Phone (____) _____ Hours to be worked per week _____	Supervisor's Name _____ Supervisor's Title _____ Supervisor's Email Address _____ Dates of Internship: From ____/____/____ to ____/____/____
<p>Student affirmation: I understand that the responsibility for successfully completing an internship and earning academic credit is my own. Success depends on my work performance at the internship site and completing the academic requirements in the allotted time. I also understand that an internship is a professional experience and that I should conduct myself in a professional manner during the course of my internship service.</p>	
Signature _____ Date _____	