

**ECKERD COLLEGE**  
**PROPOSAL AND ACADEMIC CONTRACT FOR INTERNSHIP**

**TO BE COMPLETED BY STUDENT**      Date \_\_\_\_\_ Eckerd ID# \_\_\_\_\_ Box # \_\_\_\_\_

Name (Last, First, Middle) \_\_\_\_\_

Campus or Local Address \_\_\_\_\_

Address During Project \_\_\_\_\_

Class Standing    Freshman    Sophomore    Junior    Senior

Internship Title \_\_\_\_\_

Internship Site: Name of Company or Agency \_\_\_\_\_

Internship Site: Address \_\_\_\_\_

Site Supervisor or Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_

*International Students: Please see Prof. Olivier Debure, Director of International Student Programs.*

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**TO BE COMPLETED BY SPONSORING PROFESSOR**

Discipline \_\_\_\_\_

Collegium:    BES    CCU    CRA    LET    NAS

Level:         190    290    390    490

One Course Credit    Other: \_\_\_\_\_ Credits

Graded    Credit/No Credit   (Work must be equal to C or above for credit)

Term:         Fall    Winter    Spring    Summer   Year \_\_\_\_\_   Completion Date \_\_\_\_\_

*For Internships, this Academic Contract may serve as the petition for credit/no credit.*

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*This Academic Contract for Internship is to be recorded for academic credit at Eckerd College. It is subject to the same policies that govern general college courses.*

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**APPROVED BY**

Please obtain signatures in order:

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Sponsoring Professor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Site Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student's Mentor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Norm Smith, Assoc. Dean/Director of CALA \_\_\_\_\_ Date \_\_\_\_\_

Signature of Registrar \_\_\_\_\_ Date \_\_\_\_\_