

CAREER SUCCESS CENTER



INTERNSHIP/CO-OP – ELIGIBILITY FORM

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<https://www.wcsu.edu/careersuccess/jobs-internships/>

Please type or write legibly, answer all questions, and have it signed by the appropriate people or this form will not be processed. When done, please return to Debra Manenté.

ADMINISTRATIVE USE ONLY

Employer Confirmed: _____
Number of Credits Approved: _____
DEAN Approval: _____
Emailed Student: _____
Student Confirmed: _____
Welcome Meeting: _____
Request Registrar: _____
Registrar Confirmation: _____

STUDENT'S NAME (print): _____ BANNER # _____

SCHOOL EMAIL ADDRESS: _____ PHONE: _____

MAJOR: _____ MINOR: _____ CONCENTRATION: _____

ADVISOR'S NAME (print): _____ ADVISOR'S EMAIL: _____

UNDERGRADUATE: YES _____ NO _____ YEAR OF GRADUATION: _____ CURRENT GPA: _____

WHICH "CED" COURSES HAVE YOU PREVIOUSLY COMPLETED? CED 110 ___ CED 120 ___ CED 130 ___ CED 297 ___

HOW MANY CREDITS HAVE YOU ALREADY ENROLLED IN FOR THIS SEMESTER, *BEFORE ADDING CED 297*? _____

HOW MANY CREDITS ARE YOU ALLOWED TO TAKE? _____ *(If you don't know, you **MUST** ask your academic advisor.)*

HOW MANY CREDITS HAVE YOU COMPLETED SO FAR WHILE AT WCSU? _____ *(Must have completed at least 45.)*

HAVE YOU FORMALLY BEEN OFFERED THIS JOB/INTERNSHIP? YES ___ NO ___ DATE ACCEPTED: _____

WHAT IS/WILL YOUR JOB/INTERNSHIP TITLE BE: _____

COMPANY NAME: _____ COMPANY WEBSITE URL: _____

SUPERVISOR'S NAME: _____

SUPERVISOR'S EMAIL: _____ SUPERVISOR'S PHONE: _____

THE DEADLINE TO HAVE THIS COMPLETED PROPERLY, RETURNED AND APPROVED IS FRIDAY, JANUARY 24, 2025.

THE MAXIMUM CREDIT YOU CAN RECEIVE EACH SEMESTER IS THREE (3) CREDITS. THE NUMBER OF HOURS YOU WORK WILL DETERMINE THE NUMBER OF CREDITS YOU CAN RECEIVE. PLEASE COMPLETE THE FOLLOWING:

1. HOW MANY HOURS WILL YOU HAVE WORKED **TOTAL, between 1/1/25 to 5/18/25**? _____
2. IS THIS INTERNSHIP SITE YOUR CURRENT PLACE OF EMPLOYMENT? Yes NO
3. DO YOU UNDERSTAND AND AGREE TO THE ACADEMIC REQUIREMENTS NEEDED TO SATISFACTORILY COMPLETE THIS COURSE? Yes NO
4. HAVE YOU DISCUSSED WITH YOUR ADVISOR IF YOU NEED THESE CREDITS AND HOW THEY WILL BE APPLIED TOWARDS YOUR TRANSCRIPTS? Yes NO

ACADEMIC ADVISOR'S SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____

By initialing this form, I acknowledge that I understand that I will be billed for all credits in which I enroll and that CED297 is a Pass/Fail course, only. Completing a CED297 cohort does not affect my G.P.A. Please initial here to confirm you read and understand. _____