

INTERNATIONAL INTERNSHIP REGISTRATION FORM



BOERIGTER CENTER FOR
CALLING AND CAREER

THIS FORM SHOULD BE USED IF/WHEN YOU HAVE SECURED AN EMPLOYER HOST AND SITE SUPERVISOR. If you originally registered for the pending placement "099" course, be sure to drop it through plus.hope.edu before the posted deadline on the [academic calendar](#).

LAST NAME			FIRST NAME			STUDENT ID NUMBER		
EMAIL ADDRESS						PHONE NUMBER		
SEMESTER: FALL <input type="checkbox"/> SPRING <input type="checkbox"/>			YEAR:		MAJOR:			
SUMMER: MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/>			20 _____		MINOR:			
CRN	SUBJECT	COURSE NUMBER	SECTION	CREDITS*	COURSE TITLE		FACULTY SUPERVISOR NAME	
					INTERNSHIP			

*FOR EVERY THREE HOURS ON-SITE PER WEEK, ONE CREDIT CAN BE EARNED.

