

CAREER SUCCESS CENTER



APPLIED LEARNING/INTERNSHIP
– EMPLOYER CONFIRMATION FOR CED297
Suite 300, Westside Campus Center
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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

Emailed Student: _____

Student Confirmed: _____

Welcome Meeting: _____

Request Registrar: _____

DEAN Approval: _____

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, 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: _____

IF YOU ARE CURRENTLY WORKING FOR THIS EMPLOYER, HOW LONG HAVE YOU BEEN THERE? _____

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

COMPANY NAME: _____ COMPANY WEBSITE URL: _____

SUPERVISOR'S NAME: _____

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

TO DETERMINE THE NUMBER OF CREDITS YOU MIGHT RECEIVE, PLEASE COMPLETE THE FOLLOWING...

1. HOW MANY HOURS WILL YOU HAVE WORKED **TOTAL**, FROM **JANUARY 14, 2024** to **MAY 11, 2024**? _____
(Must include one exact number and not a ballpark figure. This is how I calculate the number of credits you might be able to receive.)

Multiple the number of **HOURS** will work **THIS SEMESTER ONLY** and Divide that # by 50.
(Every 50 hours equals one (1) credit.)

Example: 100 HOURS ÷ by 50 = 2 credits

7. NOW THAT YOU KNOW HOW MANY CREDITS YOU COULD RECEIVE, HOW MANY CREDITS DO YOU ACTUALLY WANT TO ENROLL IN? _____

SUPERVISOR'S SIGNATURE: _____

I have discussed with my professor or Academic Advisor, how these credits fit into my academic plan. I understand that I will be billed for all credits in which I enroll.

By initialing this form, I acknowledge that I understand how these credits will be applied towards my transcripts and that CED297 is a Pass/Fail course only, and does not affect my G.P.A.

Please initial here to confirm you read and understand. _____