

CAREER SUCCESS CENTER

INTERNSHIP/CO-OP – ELIGIBILITY FORM

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 Katherine Corsillo.

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: _____

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: _____

HAVE YOU COMPLETED CED 297 BEFORE? YES _____ NO _____

IS THIS INTERNSHIP PAID? YES _____ NO _____ HOW MUCH? _____

COMPANY NAME: _____ COMPANY WEBSITE URL: _____

COMPANY ADDRESS: _____

SUPERVISOR'S NAME: _____

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

THE DEADLINE TO HAVE THIS COMPLETED PROPERLY, RETURNED AND APPROVED IS FRIDAY, JANUARY 23, 2026.

CED 297 IS OFFERED FOR THREE (3) CREDITS

Students are required to work a minimum of 50 hours at their internship throughout the semester:

1. HOW MANY HOURS WILL YOU HAVE WORKED **TOTAL, between 1/21/26 to 5/10/26?** _____
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: _____

INTERNSHIP SITE 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. _____